U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Bureau of Health Professions
Division of Public Health and Interdisciplinary Education
Area Health Education Centers Program

Area Health Education Centers Infrastructure Development Awards
(Previously Basic/Core Area Health Education Centers Program)

Announcement Type: New and Competing Continuation
Announcement Number: HRSA-11-033
Catalog of Federal Domestic Assistance (CFDA) No. 93.824

Area Health Education Centers Point of Service
Maintenance and Enhancement Awards
(Previously Model State Supported
Area Health Education Centers Program)

Announcement Type: New and Competing Continuation
Announcement Number: HRSA-11-034
Catalog of Federal Domestic Assistance (CFDA) No. 93.107

FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2011

Application Due Date: June 10, 2011

Release Date: April 21, 2011
Date of Issuance: April 22, 2011
UPDATED May 3, 2011 – refer to next page for specifics

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HRSA Funding Opportunity - New and Competing Continuation
==Announcement # HRSA-11-033==
==UPDATE/CLARIFICATION==

Please note the updated information in the following three sections of the Funding Opportunity Announcement for ==AHEC Infrastructure Development Awards==:

Executive Summary – (page iv);
Section III – AWARD INFORMATION, 2. Summary of Funding (pages 7-8); and
Section IV – APPLICATION AND SUBMISSION INFORMATION – Application Format,
     iv. Budget (page 19)

EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act of 2010, Public Law 111-148 emphasizes developing a health care workforce that meets the needs of communities for primary care. The Affordable Care Act requires working with workforce investment boards to develop and implement strategies to provide community-based education to individuals seeking careers in the health professions. There is renewed interest in recruiting individuals from underrepresented minority populations or people from disadvantaged backgrounds or rural backgrounds into health careers, and recognition of the variety of health professions who provide primary health care. For example, participation in interdisciplinary training involving a broad range of disciplines is not only encouraged, but is a required activity for the Area Health Education Centers (AHEC) program. The AHEC program addresses these issues through a range of community-based training programs intended to increase the number of primary care providers who provide services in rural and other underserved areas.

Section 751 authorizes the AHEC Program, which provides awards to schools of medicine and nursing to establish and maintain community-based, primary care training programs in off-campus rural and underserved areas.

The AHEC Program consists of two programmatic phases: AHEC Infrastructure Development awards (formerly referred to as Basic/Core Area Health Education Centers, BAHEC Program) and AHEC Point of Service Maintenance and Enhancement awards (formerly referred to as Model State Supported Area Health Education Centers, MAHEC Program).

Infrastructure Development Awards: Enable entities to initiate health care workforce educational programs to continue to carry out comparable programs that are operating at the time the award is made by planning, developing, operating and evaluating an AHEC program. All programs start in the Infrastructure Development phase, where the planning should reflect the anticipated growth of the project and include the projected total number of centers that will serve a specific geographic region of a State or an entire State at the <u>conclusion of the Infrastructure Development phase</u>. In the Infrastructure Development phase emphasis is placed on the initial development and implementation of interdisciplinary, community-based, primary care oriented training programs and the establishment of AHEC centers in one or more service areas of a State. At least one AHEC center must be operational at the conclusion of the first year of Infrastructure Development funding.

Point of Service Maintenance and Enhancement Awards: Enable entities to maintain and improve the effectiveness and capabilities of an existing AHEC program, and make other modifications to the program that are appropriate due to changes in demographics, needs of the population served, or other similar issues affecting the program. Each AHEC awardee must contract with its AHEC centers to coordinate training in a specific geographic area.

In FY 2010, 54 AHEC program awardees and 231 AHEC centers were ongoing in 46 states, Puerto Rico, Guam, and Palau. The AHEC program awardees contract with AHEC centers to coordinate and facilitate the training of health professions students, primary care residents, providers, and kindergarten through 12th grade students, with a more targeted focus on 9th through 12th grade health career students. This partnership develops community-based training programs at health service delivery sites in rural, underserved, and other areas in the service area

of the AHEC center. The AHEC training programs address access to care for underserved populations by focusing on local workforce needs to enhance the supply, distribution and diversity of the primary care workforce and ultimately to increase the number of primary care providers who practice in Health Professional Shortage Areas (HPSAs) and other medically underserved communities.

Eligibility:
Entities eligible to apply for AHEC Infrastructure Development awards must be a public or nonprofit private accredited school of medicine, either osteopathic (DO) or allopathic (MD), or incorporated consortia made up of such schools or the parent institution(s) of such schools. With respect to States in which no AHEC program is in operation, a school of nursing is eligible to apply. Each AHEC program awardee shall include at least one Area Health Education Center. An academic institution shall use such assistance in collaboration with two or more disciplines.

An entity eligible to apply for AHEC Point of Service Maintenance and Enhancement awards means an entity that has received funds under section 751 of the PHS Act, is operating an area health education center program, including an area health education center or centers as defined in section 751, and has a center or centers that are no longer eligible to receive financial assistance under (a)(1).

Each AHEC center shall meet the following requirements:

(A) is a public or private organization whose structure, governance, and operation is independent from the awardee and the parent institution of the awardee;

(B) is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities;

(C) designates an underserved area or population to be served by the center which is in a location removed from the main location of the teaching facilities of the schools participating in the program with such center and does not duplicate, in whole or in part, the geographic area or population served by any other center;

(D) fosters networking and collaboration among communities and between academic health centers and community-based centers;

(E) serves communities with a demonstrated need of health professionals in partnership with academic medical centers;

(F) addresses the health care workforce needs of the communities served in coordination with the public workforce investment system; and

(G) has a community-based governing or advisory board that reflects the diversity of the communities involved.

Waiver of AHEC Requirements in Sections 751(d)(2)(A) and 751(d)(2)(B)

Pursuant to Public Law 112-10, "Department of Defense and Full-Year Continuing Appropriations Act, 2011," a program operating under section 751 of the Public Health Service Act on or before January 1, 2009 may apply to the Secretary for a waiver of AHEC requirements under sections 751(d)(2)(A) and 751(d)(2)(B). [1]   The applicant must submit a written request for a waiver from the above stated requirements as Attachment 5 to this application. Waivers will be granted at the discretion of the Secretary. The request shall be in the form of a letter signed by an authorized official and shall include the following:

1) The names and addresses of each AHEC center for which the applicant is requesting a waiver;
2) A statement certifying that the program for which a waiver is requested was operational on or before January 1, 2009;
3) A short summary of the AHEC's organizational structure (including the grantee and contracting AHEC center(s)) that specifies which center(s) was operational on or before January 1, 2009, and explains why this structure does not meet the requirements of sections 751(d)(2)(A) and 751(d)(2)(B);
4) A request that the requirements of sections 751(d)(2)(A) and 751(d)(2)(B) be waived for the center(s) described above, and a justification that explains why the center(s) for which a waiver is requested is unable to come into compliance with sections 751(d)(2)(A) and 751(d)(2)(B) at this time; and
5) A statement indicating grantee's understanding that any waiver granted pursuant to Public Law 112-10 does not permanently waive the requirements of sections 751(d)(2)(A) and 751(d)(2)(B) and is applicable only to the budget period specified in the notice of grant award.

This FY 2011 program funding opportunity announcement (FOA) solicits applications for a project period of **one year** for AHEC Infrastructure Development awards and Point of Service Maintenance and Enhancement awards, so that all grantees can be in the same competitive cycle next year. Awardees must compete again for funds at the end of their project period. It is anticipated that applications solicited in FY 2012 for AHEC Infrastructure Development awards and for AHEC Point of Service Maintenance and Enhancement awards will be for a five-year project period.

Funding for FY 2011 is estimated to be $5,000,000 to support five (5) AHEC Infrastructure Development awards and $6,500,000 to support 19 AHEC Point of Service Maintenance and Enhancement awards. For AHEC Infrastructure Development awards, applicants may request $250,000 per AHEC center, including program office funds, and may request support for a maximum of four centers. **However, in the case where two or more existing AHEC programs are consolidating to form one AHEC program to serve an entire state, an exception to the maximum may be considered**. For AHEC Point of Service Maintenance and Enhancement awards, applicants may request not less than $250,000 per AHEC center, including program office funds. If amounts appropriated to carry out Section 751 are not sufficient to

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[1]PHS Act sec. 751(d)(2)(A) states "is a public or private organization whose structure, governance, and operation is independent from the awardee and the parent institution of the awardee. PHS Act sec. 751(d)(2)(B) states "is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities."

comply with the funding amount of $250,000 per AHEC center, the Secretary may reduce the per center amount as necessary. In FY 2010, the amount calculated for approved Point of Service Maintenance and Enhancement awards was $99,015 per AHEC Center, recognizing that not less than 75 percent of $99,015, or approximately $74,261, was made available to contracting AHEC centers.

The AHEC program is a partnership; although the federal share is limited as stated above, cost sharing provides applicants the ability to operate larger-scale projects using other funds. With respect to the costs of operating an AHEC program, an entity shall make available (directly or through contributions from State, county or municipal governments, or the private sector) recurring non-Federal contributions in cash or in kind, toward such costs in an amount that is equal to not less than 50 percent of such costs. . Thus, the matching ratio for Area Health Education Center (AHEC) awards is 1 to1 Federal funds to non-Federal contributions). At least 25 percent of the total required non-Federal contributions shall be in cash. An entity may apply for a waiver of not more than 75 percent of the matching fund amount required by the entity for each of the first three years the entity is funded under the Infrastructure Development cooperative agreement.

Award:
Not less than 75 percent of the total amount awarded to an AHEC Program under subsection (a)(1) or (a)(2) shall be allocated to the AHEC Centers participating in the program under this section. To provide needed flexibility to newly funded AHEC Programs, the Secretary may waive the requirement for the first two years of a new AHEC program funded in an Infrastructure Development Program.

Applicants may request funding under AHEC Infrastructure Development Program **and** under AHEC Point of Service Maintenance and Enhancement Program. Most applicants will request funding under one of the two Programs.

Applicants who have not received more than 12 years of Infrastructure Development funds, and have AHEC centers that are eligible for either Infrastructure Development funds or Point of Service funds may apply for both funding under (a)(1) and (a)(2) grants. Point of service funds may not be distributed to a center that is eligible to receive Infrastructure Development funds (i.e., a center that has received no more than six years of funding). In such cases the applicants must **submit two separate and complete applications with all the required sections and attachments.**

The deadline for all applications is June 10, 2011.

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I. Funding Opportunity Description

1. Purpose

The Area Health Education Center (AHEC) programs consist of interdisciplinary, community-based, primary care training programs wherein academic and community-based leaders work to improve the distribution, diversity, supply, and quality of health care personnel, particularly primary care personnel in the health care services delivery system and more specifically in delivery sites in rural and other underserved areas. This funding opportunity announcement (FOA) solicits applications for a **one-year project period** for AHEC Infrastructure Development awards and AHEC Point of Service Maintenance and Enhancement awards, as authorized by Title VII, Section 751, of the PHS Act, as amended by the Patient Protection and Affordable Care Act, Public Law 111-148. Successful applicants will be awarded cooperative agreements to establish and advance statewide or multi-county AHEC programs.

2. Background

Background on Bureau of Health Professions
The Bureau of Health Professions (BHPr) administers these programs as a component of the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (DHHS). The mission of BHPr is to increase the population's access to health care by providing national leadership in the development, distribution and retention of a diverse, culturally competent health workforce that can adapt to the population's changing health care needs and provide the highest quality care for all. BHPr serves as a focal point for those interested in health professions and workforce issues. Additional information about the Bureau of Health Professions and its programs is available at http://bhpr.hrsa.gov/.

Area Health Education Centers (AHEC) Program
The Affordable Care Act highlights the importance of developing a health care workforce that meets the needs of communities for primary care. Under the law, there are requirements for working with workforce investment boards for developing and implementing strategies to provide community-based education to individuals seeking careers in health professions. There is renewed interest in recruiting individuals from underrepresented minority populations or people from disadvantaged backgrounds or rural backgrounds into health careers and recognition of the variety of health professionals who provide primary health care. For example, participation in interdisciplinary training involving physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public and allied health professionals or other health professionals, as practicable, is not only encouraged but is a required activity for the Area Health Education Centers (AHEC) Program awardees.

The AHEC Program addresses these issues through a range of academic and community-based training activities intended to contribute to an increase in the number of primary care providers, including physicians and other primary care providers who provide services in rural and other underserved areas. The AHEC Program also aims to develop and implement strategies, in coordination with the applicable one-stop delivery system under section 134 (c) of the Workforce Investment Act of 1998, to recruit individuals from underrepresented minority

populations or from disadvantaged or rural backgrounds into health professions, and support such individuals in attaining health professions careers.

The AHEC Program is administratively located in the DHHS, HRSA, BHPr's Division of Public Health and Interdisciplinary Education and further advances the mission and vision of BHPr. This program supports the strategic plan developed by HRSA and the objectives defined by Healthy People 2020.

The AHEC Program exists in two programmatic phases: AHEC Infrastructure Development programs and AHEC Point of Service Maintenance and Enhancement programs. The two phases collectively embrace the goal of increasing the number of students in the health professions who will pursue careers in primary care and ultimately practice in medically underserved communities. These academic community-based partnerships focus on training programs to improve the supply, distribution, diversity, and quality of health care providers and to address the goal of increasing access to health care services by consumers in medically underserved areas. The AHEC program assists educational systems in developing and operating projects that will initiate recruitment and retention incentives to attract and retain health care personnel in underserved areas.

All AHEC programs start in the AHEC Infrastructure Development phase, where the planning must reflect the projected growth of the project to include the resulting number of anticipated centers at the conclusion of the expansion period. The AHEC Program requires that at least one AHEC center must be operational in the <u>first</u> year of Infrastructure Development funding. The awardee program office must have a written contract with each center that it develops. This contractual agreement shall include a statement of work that will be negotiated annually between the AHEC Program awardee and the governing body of each AHEC center. The agreements should clearly define the geographical region of responsibility without overlap and activities anticipated by each center. By linking the academic resources of the university-based health science center with local planning and educational and clinical resources, the AHEC Program establishes a network of community-based training sites to provide educational services to students, faculty, and practitioners in medically underserved areas, and ultimately improves the delivery of health care in those identified service locations.

The AHEC Program emphasizes community-based training for health professions students, residents, and all other providers who have a primary care concentration. These programs provide health careers outreach to encourage an early emphasis on enhancing health career activities at the elementary and secondary school levels that will attract and eventually recruit underrepresented minority or disadvantaged or rural students into the health professions; these outreach programs shall include a youth public health program to expose and recruit high school students into health careers with a focus on careers in public health.

In addition, the AHEC Program promotes health career training opportunities to individuals, including adults, seeking health careers, particularly individuals from underrepresented minority populations and from disadvantaged or rural backgrounds in collaboration with other Federal, and State health care workforce development programs, the State workforce agency, and local workforce investment boards, and in health care safety net sites.

In FY 2009, 13 Infrastructure Development and 42 Point of Service Maintenance & Enhancement awards were supported with $31M. In FY 2010, approximately $31M provided support to 11 AHEC Infrastructure Development awards (including three new starts) and 43 AHEC Point of Service Maintenance and Enhancement awards.

AHEC PROGRAM REQUIREMENTS
The Secretary shall ensure the following:

A. An entity that receives an award under section 751 shall conduct at least 10 percent of clinical education required for medical students in community settings that are removed from the primary teaching facility of the contracting institution for awardees that operate a school of medicine or osteopathic medicine. In States in which an entity that receives an award under this section is a nursing school or its parent institution, the Secretary shall alternatively ensure that:

   i. the nursing school conducts at least 10 percent of clinical education required for nursing students in community settings that are remote from the primary teaching facility of the school; and
   ii. the entity receiving the award maintains a written agreement with a school of medicine or osteopathic medicine to place students from that school in training sites in the area health education center program area.

B. An entity receiving funds under subsection (a)(2) (AHEC Point of Service Maintenance and Enhancement awards) shall not distribute such funding to a center that is eligible to receive funding under subsection (a)(1) (AHEC Infrastructure Development awards).

ADMINISTRATIVE GUIDANCE FOR AHEC PROGRAMS
The following Administrative Guidance is intended to enhance on-going or newly proposed programs:

- Encourage attendance of at least one staff member representing the grantee (Program Office) and at least one staff member from an AHEC Center at one HRSA technical assistance meeting in Washington, DC, or elsewhere as deemed by the Federal project officer, using staff travel funds as itemized in the proposed budget;
- Confirm a written contract with each center developed, which includes a statement of work negotiated between the AHEC Program awardee and the governing body of each AHEC center (submit signed page of each agreement with application);
- The Program Director should hold a faculty appointment in the applicant school and assume responsibility for the overall direction and coordination of the AHEC Program;
- The AHEC center Director should have at least 75 percent time allocated solely to the conduct of center duties and responsibilities;
- The AHEC center board should be responsible for the hiring and/or termination of the Center Director;
- The AHEC Program awardee should have an advisory board to advise the Program Director on all aspects of the conduct of the program including administration, education, and evaluation. It is suggested that the board meet quarterly with the Program Director to review progress and barriers and collectively plan for further development of the program;

- It is recommended that the number of area health education centers established by the end of the AHEC Infrastructure Development phase remain the same once the program transitions to the AHEC Point of Service Maintenance and Enhancement phase. An applicant under the Point of Service Maintenance and Enhancement phase proposing to expand the number of area health education centers must provide a comprehensive justification to include the following:

    1) there is a geographic area within the state that is not served by an existing AHEC center;
    2) a needs assessment is completed and documents the need for services of an AHEC center;
    3) there are available matching funds to support the expansion; and
    4) the proposed center's organization meets the AHEC center requirements.

    The objective review committee will make a specific recommendation for approval or disapproval of any new center requested in addition to its recommendation on the program as a whole.

    Applicants may submit a request to reconfigure current AHEC centers to meet the changing demographics.

- The AHEC programs are encouraged to provide a response to Bureau Initiatives specific to developing linkages to Historically Black Colleges and Universities, Hispanic Serving Institutions, and/or Tribal Colleges and Universities and improving the quality of life for African Americans, Latinos, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives as strategies to obtain highly qualified culturally competent, under-represented minority health care professionals who will work in medically underserved areas.

II. Award Information

1. Type of Award

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project.

The role of Federal staff:
- Review changes to the composition of the advisory committees and boards;
- Participate in the annual evaluation of the program;
- Assist in planning and implementing project priorities by coordinating and facilitating the interchange of technical and programmatic information;
- Assist project staff in the development, compilation, and dissemination of materials prepared by AHEC and non-AHEC project personnel;
- Review contracts and agreements among recipient medical allopathic or osteopathic schools, other health professions schools, and community-based centers (unless reviews are formally delegated to the recipient cooperating school) for programmatic content; and
- Provide guidance concerning the content, structure, and format of the final project report.

<u>The role of the AHEC awardee:</u>
Infrastructure Development programs under subsection 751(a)(1), and Point of Service Maintenance and Enhancement programs under subsection 751(a)(2), shall carry out the following program activities:

A. Develop and implement strategies, in coordination with the applicable one-stop delivery system under section 134(c) of the Workforce Investment Act of 1998, to recruit individuals from underrepresented minority populations or from disadvantaged or rural backgrounds into health professions, and support such individuals in attaining such careers;

Examples of Activities:
- Collaborate with Workforce Investment Boards (WIBs) to retrain displaced workers in health professions and provide job placement assistance.
- Provide students and displaced workers with educational training requirements in various healthcare occupational areas as well as information and contact with local training programs.
- Work with WIB(s) to have Allied Health and other disciplines deemed as an apprenticeable trade.
- Establish a Community Health Worker (CHW) training program that leads to certification.

B. Develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in health professions within underserved areas for the purpose of developing and maintaining a diverse health care workforce that is prepared to deliver high-quality care, with an emphasis on primary care, in underserved areas or for health disparity populations, in collaboration with other Federal and State health care workforce development programs, the State workforce agency, and local workforce investment boards, and in health care safety net sites;

Examples of Activities:

- Collaborate with Health Careers Opportunity Program grantees and applicants to recruit underrepresented or disadvantaged or rural individuals into health careers training.
- Provide community-based training opportunities for health professions students to focus on health disparity issues. For example, focusing on educational strategies for diabetes prevention and management in collaboration with local Community Health Centers.
- Provide students with community-based primary care training, including experience in continuity of care.

C. Prepare individuals to more effectively provide health services to underserved areas and health disparity populations through field placements or preceptorships in conjunction with community-based organizations, accredited primary care residency training programs, Federally qualified health centers, rural health clinics, public health departments, or other appropriate facilities;

Examples of Activities:

- A community-based training experience for health professions students in safety net sites caring for underserved populations.
- Placement of medical students in a rural, underserved clinical rotation that serves not only as a clinical experience, but as a recruitment and retention tool.
- Facilitate training programs in safety-net sites that encourage incumbent workers to complete advanced health professions didactic course work and community-based clinical work.
- Work in partnership with a Community Health Center to develop a family practice residency.
- Serve as National Health Service Corps (NHSC) Ambassadors to inform eligible students and practitioners about opportunities available through the NHSC.
- Provide Student/Resident Experiences and Rotations in Community Health services (SEARCH) to increase the numbers of primary care providers in underserved areas.

D. Conduct and participate in interdisciplinary training that involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public and allied health professionals, or other health professionals, as practicable;

Examples of Activities:

- Provide interprofessional clinical experiences to medical and health professions students including seminars and patient encounters.
- Provide interprofessional electives involving students from two or more health professions disciplines and include discussions on the benefits of working with underserved populations.
- Provide interprofessional continuing education offerings for health professionals from two or more disciplines.

E. Deliver or facilitate continuing education and information dissemination programs for health care professionals, with an emphasis on individuals providing care in underserved areas and for health disparity populations;

Examples of Activities:

- Provide training to practicing health professionals in primary care, mental health, and other health related topics through continuing education offerings.
- Provide leadership for a state-wide community-based community education training program. For example, working with the state health department.
- Provide CE programs responsive to continuing education needs of providers serving health disparity populations or practicing in underserved area sites.

F. Propose and implement effective program and outcomes measurement and evaluation strategies; and

Examples of Activities:

- Identify and track health professions students and residents who train in AHEC sites and then entered practice in medically underserved communities and/or practice in primary care.
- Measure change in knowledge and competency after completion of AHEC training program activities, e.g., clinical rotations.
- Track intent to pursue and actual pursuit of health care careers by former AHEC pipeline/enrichment program participants.

G. Establish a youth public health program to expose and recruit high school students into health careers, with a focus on careers in public health.

Examples of Activities:

- Develop and/or integrate public health career awareness activities for high school students with other health professions career activities.
- Expose high school students to principles of public health through service learning programs in local high schools.
- Involve health professions students and public health professionals in public health careers presentations to high school students.

AHEC PROGRAM INNOVATIVE OPPORTUNITIES
Cooperative agreement recipients may also carry out any of the following activities:

A. Develop and implement innovative curricula in collaboration with community-based accredited primary care residency training programs, federally qualified health centers, rural health clinics, behavioral and mental health facilities, public health departments, or other appropriate facilities, with the goal of increasing the number of primary care physicians and other primary care providers prepared to serve in underserved areas and health disparity populations.

B. Coordinate community-based participatory research with academic health centers, and facilitate rapid flow and dissemination of evidence-based health care information, research results, and best practices to improve quality, efficiency, and effectiveness of health care and health care systems within community settings.

C. Develop and implement other strategies to address identified workforce needs and increase and enhance the health care workforce in the area served by the area health education center program.

2. Summary of Funding

This program will provide funding for Federal fiscal year 2011. Approximately $5,000,000 is expected to be available to fund five (5) new AHEC Infrastructure Development awardees and approximately $6,500,000 to fund 19 new awards under AHEC Point of Service Maintenance and Enhancement programs for a one-year budget and project period. For AHEC Infrastructure Development awards, applicants may request not less than $250,000 for each center, including

program office funds, and may request support for a maximum of four centers. **However, in the case where two or more existing AHEC programs are consolidating to form one AHEC program to serve an entire state, an exception to the maximum may be considered.** AHEC Point of Service Maintenance and Enhancement applicants may request $250,000 per AHEC center, including program office funds, recognizing not less than 75 percent is made available for the contracting AHEC center. If amounts appropriated to carry out this section are not sufficient to comply with the funding amount of $250,000 per AHEC center, the Secretary may reduce the per center amount as necessary. In FY 2010, the amount calculated for approved Point of Service Maintenance and Enhancement awards was $99,015 per AHEC Center, recognizing that not less than 75 percent of $99,015, or approximately $74,261, was made available to contracting AHEC centers.

III. Eligibility Information

1. Eligible Applicants

Entities eligible to apply for AHEC Infrastructure Development awards are public or nonprofit private accredited schools of allopathic medicine and osteopathic medicine and incorporated consortia made up of such schools, or the parent institutions of such schools. In States and Territories in which no AHEC program is in operation, an accredited school of nursing is an eligible applicant.

An entity eligible to apply for AHEC Point of Service Maintenance and Enhancement awards means an entity that has received funds under section 751 of the PHS Act, is operating an area health education center program, including an area health education center or centers as defined in section 751, and has a center or centers that are no longer eligible to receive financial assistance under (a)(1).

An academic institution shall use such assistance in collaboration with two or more disciplines.

AREA HEALTH EDUCATION CENTER ELIGIBILITY REQUIREMENTS
The Secretary shall ensure that each area health education center program includes at least one area health education center, and that each such center shall meet the following requirements:

A. is a public or private organization whose structure, governance, and operation is independent from the awardee and the parent institution of the awardee;

B. is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities;

C. designates an underserved area or population to be served by the center which is in a location removed from the main location of the teaching facilities of the schools participating in the program with such center and does not duplicate, in whole or in part, the geographic area or population served by any other center;

D. fosters networking and collaboration among communities and between academic health centers and community-based centers;

E. serves communities with a demonstrated need of health professionals in partnership with academic medical centers;

F. addresses the health care workforce needs of the communities served in coordination with the public workforce investment system; and

G. has a community-based governing or advisory board that reflects the diversity of the communities involved.

Waiver of AHEC Requirements in Sections 751(d)(2)(A) and 751(d)(2)(B)

Pursuant to Public Law 112-10, "Department of Defense and Full-Year Continuing Appropriations Act, 2011," a program operating under section 751 of the Public Health Service Act on or before January 1, 2009 may apply to the Secretary for a waiver of AHEC requirements under sections 751(d)(2)(A) and 751(d)(2)(B).   The applicant must submit a written request for a waiver from the above stated requirements as Attachment 5 to this application. Waivers will be granted at the discretion of the Secretary. The request shall be in the form of a letter signed by an authorized official and shall include the following:

1) The names and addresses of each AHEC center for which the applicant is requesting a waiver;
2) A statement certifying that the program for which a waiver is requested was operational on or before January 1, 2009;
3) A short summary of the AHEC's organizational structure (including the grantee and contracting AHEC center(s)) that specifies which center(s) was operational on or before January 1, 2009, and explains why this structure does not meet the requirements of sections 751(d)(2)(A) and 751(d)(2)(B);
4) A request that the requirements of sections 751(d)(2)(A) and 751(d)(2)(B) be waived for the center(s) described above, and a justification that explains why the center(s) for which a waiver is requested is unable to come into compliance with sections 751(d)(2)(A) and 751(d)(2)(B) at this time; and
5) A statement indicating grantee's understanding that any waiver granted pursuant to Public Law 112-10 does not permanently waive the requirements of sections 751(d)(2)(A) and 751(d)(2)(B) and is applicable only to the budget period specified in the notice of grant award.

2. Cost Sharing/Matching

Matching Funds: The awardee shall provide documentation that it will make available (directly or through contributions from State, county, or municipal government, or the private sector) recurring non-Federal contributions in cash or in kind equal to not less than 50 percent of the operating costs of the AHEC program. Thus, the matching ratio for Area Health Education Center (AHEC) awards is 1 to1 Federal funds to non-Federal contributions). At least 25 percent of the total required non-Federal contributions shall be in cash. If the awardee fails to provide

some or all of the required matching, the Grants Management Officer will make a downward adjustment in the Federal award.

Examples/breakdown of match include:

1) Cash match (at least 25%) is to be provided in actual dollars.

2) Cost sharing (75%) may be in the form of (as example):

- In-kind time and effort (provided by a third-part, non-salaried, individual).
- Unrecovered indirect costs.
- Allowable/allocable donated items of value or services.
- Program Income (if expressly permitted by the Notice of Grant Award).

Applications must include total income available from sources other than that proposed by this cooperative agreement. Guidance on the valuation of cost sharing/matching requirements is found in 45 CFR 74.23 and 45 CFR 92.24.

The non-Federal match contributions should be based on the following and referenced in the budget section of this proposal:

1) State government $_____
2) County or municipal government $_____
3) Private sector $_____
4) Other (specify) $_____
5) Total $_____

Waiver 75% of Matching Funds – First Three Years:
An entity may apply to the Secretary for a waiver of not more than 75 percent of the matching fund amount required by the entity for each of the first three years the entity is funded through an award under subsection 751(a)(1) (AHEC Infrastructure Development program). To be considered for a waiver of not more than 75 percent of the AHEC Infrastructure Development matching fund amount, an applicant must present a written request for a waiver as Attachment 6 to a competing application in which AHEC Infrastructure Development funds are requested to support a new start AHEC Infrastructure Development program. The request for a waiver shall include a description of the extent to which the applicant school has attempted to meet this requirement and include a description of the reasons why the requirement cannot be met. The written request must demonstrate that the applicant school made a good faith attempt, but factors beyond its control caused its efforts to be unsuccessful. An acceptable plan and timetable for meeting this requirement shall be submitted by the applicant school and should reflect a gradual increase in the annual contribution of non-Federal funds. Unless a waiver of the matching funds requirement is requested and approved, funds awarded may only be expended with the understanding that the matching requirement must be met.

Self-sufficiency plan: The applicant must include plans for self-sufficiency by providing specific information that describes the extent and means by which the program plans to become autonomous within a defined period of time. The documentation should specify other sources of

income, future funding initiatives and strategies, timetable for becoming self-sufficient, and a description of barriers to be overcome in order to become self-sufficient.

Maintenance of Effort
The maintenance of effort requirement stipulates that the AHEC funding shall not be used to supplant current funding for any activity described in the application. The awardee must agree to maintain non-Federal funding for activities at a level that is not less than the level of expenditures for such activities during the fiscal year prior to receiving the cooperative agreement.

Applicants must complete and submit the following information:

NON-FEDERAL EXPENDITURES

FY 2010 (Actual)	FY 2011 (Estimated)
Actual FY 2010 non-Federal funds, including in-kind, expended for activities proposed in this application. If proposed activities are not currently funded by the institution, enter $0. Amount: **$** _____	Estimated FY 2011 non-Federal funds, including in-kind, designated for activities proposed in this application. Amount: **$** _____

3. Other

Applications that exceed the ceiling amount will be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information
HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures only that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from **DGPWaivers@hrsa.gov**, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the

name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted under the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances. Applicants that fail to allow ample time to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide,* available online at http://www.hrsa.gov/grants/userguide.htm. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form 424 Research and Related (SF-424 R&R). The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained from the following site by:

(1) Downloading from http://www.grants.gov or

(2) Contacting the HRSA Grants Application Center at:
    910 Clopper Road
    Suite 155 South
    Gaithersburg, MD 20878
    Telephone: 877-477-2123
    HRSAGAC@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany Standard Form 424 Research and Related (SF-424 R&R) appear in the "Application Format" section below.

2. Content and Form of Application Submission

Application Format Requirements
The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. This 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit.

Applications that exceed the specified limits (approximately 10 MB, or that exceed 80 pages when printed by HRSA) will be deemed non-responsive. All application materials must be complete prior to the application deadline. Applications that are modified after the posted

deadline will also be considered non-responsive. Non-responsive applications will not be considered under this funding announcement.

Application Format
Applications for funding must consist of the following documents in the following order:

SF-424 R&R – Table of Contents

- **It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.**
- **Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be given any consideration and those particular applicants will be notified.**

- **For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.**
- **For electronic submissions no table of contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.**
- **When providing any electronic attachment with several pages, add table of content page specific to the attachment. Such page will not be counted towards the page limit.**

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424 R&R Cover Page	Form	Pages 1 & 2	Not counted in the page limit
Pre-application	Attachment	Can be uploaded on page 2 of SF-424 R&R - Box 20	Not Applicable to HRSA; Do not use.
Application Checklist Form HHS-5161-1	Form	Pages 1 & 2 of the HHS checklist	Not counted in the page limit
SF-424 R&R Senior/Key Person Profile	Form	Supports 8 structured profiles (PD + 7 additional)	Not counted in the page limit
Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. One per each senior/key person. The PD/PI biographical sketch should be the first biographical sketch. Up to 8 allowed	Counted in the page limit.
Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form	Not Applicable to HRSA; Do not use.
Additional Senior/Key Person Profiles	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. Single document with all additional profiles	Not counted in the page limit
Additional Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches	Counted in the page limit

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in the Senior/Key Person Profile form	Not Applicable to HRSA; Do not use.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form	Not counted in the page limit
Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Locations form. Single document with all additional site locations	Not counted in the page limit
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7	Required attachment. Counted in the page limit. Refer to FOA for detailed instructions. Provide table of contents specific to this document only as the first page
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 8	Required attachment. Counted in the page limit. Refer to FOA for detailed instructions. Provide table of contents specific to this document only as the first page
SF-424 R&R Federal & Non-Federal Budget - Section A – B	Form	Supports structured budget for up to 5 periods	Not counted in the page limit
Additional Senior Key Persons	Attachment	SF-424 R&R Fed & NonFed Budget - Section A- B, of Section A. One for each budget period	Not counted in the page limit
SF-424 R&R Federal & Non-Federal Budget - Section C – E	Form	Supports structured budget	Not counted in the page limit
Additional Equipment	Attachment	SF-424 R&R Fed & NonFed Budget - Section C – E, End of Section C.	Not counted in the page limit
SF-424 R&R Federal & Non-Federal Budget - Section F – K	Form	Supports structured budget	Not counted in the page limit
SF-424 R&R Cumulative Budget	Form	Total cumulative budget	Not counted in the page limit
Budget Justification	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - J form, Box K. Only one consolidated budget justification for the	Required attachment. Counted in the page limit. Refer to FOA for detailed instructions. Provide table of contents

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		project period.	specific to this document only as the first page
SF-424 R&R Federal & Non-Federal Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list	Not counted in the page limit
Subaward Budget Attachment 1-10	Attachment	Can be uploaded in SF-424 R&R Subaward Budget form, Box 1 through 10. Extract the form from the SF-424 R&R Subaward Budget form and use it for each consortium/contractual/ subaward budget as required by the program FOA. Supports up to 10.	Filename should be the name of the organization and unique. Not counted in the page limit
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package	Not counted in the page limit
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 9.	Optional. Counted in the page limit
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 10.	Optional. Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 11.	Optional. Counted in the page limit
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list	Not counted in the page limit
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15	Refer to the attachment table provided below for **specific** sequence. Counted in the page limit
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 12. Supports multiple	Not Applicable to HRSA; Do not use

⚠ **To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.**

⚠ **Evidence of Non Profit status and invention related documents, if applicable, must be provided in the other attachment form.**

Attachment Number	Attachment Description (Program Guidelines)
Attachment 1	Staffing Plan
Attachment 2	Job Descriptions of Key Personnel
Attachment 3	Letters of Agreement and/or Description of Existing and Proposed Contracts
Attachment 4	Project Organizational Chart
Attachment 5	Waiver Request (if applicable) Regarding AHEC Requirements in Sections 751(d)(2)(A) and 751(d)(2)(B)
Attachment 6	Waiver Request (if applicable) Regarding Matching Funds
Attachment 7	Waiver Request (if applicable) Regarding 75%/25% Allocation
Attachment 8	Summary Progress Report (**ACCOMPLISHMENT SUMMARY FOR COMPETING CONTINUATIONS ONLY**)
Attachment 9	Medical /Nursing School 10 Percent Requirement
Attachment 10	AHEC Program and Center Requirements
Attachment 11	Other relevant documents, including letters of support and MOE documentation

Application Format

i. Application Face Page

Complete Standard Form 424 Research and Related (SF-424 R&R), provided with the application package. Prepare this page according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the Catalog of Federal Domestic Assistance Number is **93.824** for the Area Health Education Centers Infrastructure Development Awards and **93.107** for the Area Health Education Centers Point of Service Maintenance and Enhancement Awards.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at http://fedgov.dnb.com/webform or call 1-866-705-5711. Please include the DUNS number in item 5 on the application face page. Applications *will not* be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being "Rejected for Errors" by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Federal Government's Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your MPIN is current. Information about registering with the CCR can be found at http://www.ccr.gov.

ii. Table of Contents

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. Application Checklist

Complete the HHS Application Checklist Form HHS 5161-1 provided with the application package.

iv. Budget

Complete the required Research and Related (R&R) Federal + Non-Federal Budget, adhering to the instructions provided for that specific form. Complete all sections and provide a line item budget for each award year using the budget categories in the R&R budget. Indicate the **names, numbers, and addresses** of centers that will contract with the awardee.

Please complete Sections A – J and the Cumulative Budget for the budget period. Upload the Budget Justification Narrative for the one-year project period in Section K of the Research & Related Budget Form.

For AHEC Infrastructure Development awards, applicants may request no less than $250,000 for each center, including program office funds, and may request support for a maximum of four centers. ==**However, in the case where two or more existing AHEC programs are consolidating to form one AHEC program to serve an entire state, an exception to the maximum may be considered.**== The annual funding for AHEC Point of Service Maintenance and Enhancement applicants will be approximately $250,000 per AHEC center, including program office funds, recognizing not less than 75% is made available for the contracting AHEC center. If amounts appropriated to carry out this section are not sufficient to comply with the funding amount of $250,000 per AHEC center, the Secretary may reduce the per center amount as necessary. In FY 2010, the amount calculated for approved Point of Service Maintenance and Enhancement awards was $99,015 per AHEC Center, recognizing that not less than 75 percent of $99,015, or approximately $74,261, was made available to contracting AHEC centers.

Limitation: 75% Allocation to Centers
At least 75 percent of the total funds provided to an AHEC program awardee shall be allocated to the AHEC center(s) participating in the program. To provide flexibility to newly funded AHEC programs (AHEC Infrastructure Development programs), the Secretary/HRSA may waive the requirement for the first two years of a new AHEC program funded under subsection 751(a)(1). Waiver request, if applicable, should be included in the application as Attachment 7.

v.   Budget Justification
Provide a narrative that explains the Federal and Non-Federal amounts on each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The project and budget period is for ONE year. **The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's objectives/goals.** Be very careful about showing how each item in the "other" category is justified. The budget justification MUST be concise. Do NOT use the justification to expand the project narrative.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from Federal and non-Federal funds, name (if possible), position title, percent full time equivalency, and annual salary. Reminder: As noted in the Administrative Guidance: The AHEC center Director should have at least 75 percent time allocated solely to the conduct of center duties and responsibilities.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops. Attendance of at least one staff member from the Program Office and at least one staff member from a participating AHEC Center in the Program at one HRSA technical assistance meeting is encouraged.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of $5,000 or more and a useful life of one or more years).

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in the Central Contractor Registration (CCR) and provide the recipient with their DUNS number.

Subcontracts: To the extent possible, all subcontract budgets and justifications should be standardized, and contract budgets should be presented by using the same object class categories contained in the Standard Form Research & Related Budget. Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, awardee's rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Trainee Expenses
Funds for trainee travel are necessary for the training experience and must include the purpose, number of trips involved, travel allowance used, destinations, and number of individuals requesting funds. Daily commuting and/or routine local travel costs are not allowable.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

***Data Collection Activities*:** Funds may be used to support appropriate and justifiable costs directly related to meeting evaluation and data reporting requirements. Identify and justify how these funds will be used under the appropriate budget category; Personnel, Contracts or Other.

***Indirect Costs*:** Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: http://rates.psc.gov/ to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment (capital expenditures), tuition and fees, and subgrants and subcontracts in excess of $25,000 are excluded from the actual direct cost base for purposes of this calculation.

vi. Staffing Plan and Personnel Requirements
Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. The staffing plan must be included as Attachment 1. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 2. Copies of biographical sketches for any key employed personnel that will be assigned to work on the proposed project are required as part of the Research and Related application kit. When applicable, job descriptions and biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

vii. Assurances
Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

viii. Certifications
Use the certifications and Disclosure of Lobbying Activities form provided with the application package. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a Federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on Federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.) If an applicant is delinquent on Federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as Attachment 11.

ix. *Project Abstract*

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include:

1) A four or five sentence project summary;
2) Specific, measurable objectives which the project will accomplish;
3) How the proposed project for which funding is requested will be accomplished, *i.e.*, the "who, what, when, where, why and how" of a project.

Please place the following at the top of the abstract:
- *Project Title*
- *Applicant Name*
- *Address*
- *Contact Phone Numbers (Voice, Fax)*
- *E-Mail Address*
- *Web Site Address, if applicable*

The project abstract must be single-spaced and limited to one page in length. The abstract should clearly describe the project as a whole, and its special focus/uniqueness, as this document will be utilized extensively by reviewers. It must reflect the most critical points of the proposed project and contain a brief narrative of the AHEC Infrastructure Development or AHEC Point of Service Maintenance and Enhancement Program purpose, characteristics, disciplines, and numbers of students involved (actual and/or anticipated for each project year) and a description of the training facilities/sites. The abstract should include the **number of centers and counties per center, census tracts and population size covered per center, and geographical areas covered per center along with a map that details the geographical areas served by the centers and program collectively**. Any uncovered areas should be clearly identified. Each center should be clearly identified with the **start date (include month and year)** and all other details requested. The abstract might be best prepared after the completion of the program narrative.

ACCOMPLISHMENT SUMMARY FOR COMPETING CONTINUATIONS ONLY

All currently funded awardees and applicants that have received funding in the last four years must include a brief (3 page maximum) accomplishment summary if the application is for the same program area as currently or previously funded. A well-presented accomplishment summary provides a description of the degree to which the applicant met previous project objectives. It should present the quantitative and qualitative measures used to evaluate the project in the context of each funded objective and the results obtained for each, including the number of trainees. It should address how performance and evaluation information was used to develop the project for which funding is being requested. It should include a list of articles published in peer-reviewed journals presenting the outcomes of activities supported by award funds. See the instructions for Attachment 8 in item *xii. Attachments* for further instructions.

The progress of an AHEC competing continuation application is carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are

reviewed and scored, **applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do**. The impact of current or previous award-supported activities will be considered in Review Criterion 4 – Impact. (See Section V, "Application Review Information." for an explanation of review criteria.)

The Accomplishment Summary is for the purpose of peer review only and does not replace the need for currently funded awardees to submit their annual progress report.

New applicants may, but are not required to, submit a summary of AHEC related accomplishments in the Program Narrative.

x. Program Narrative
This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Use the following section headers for the Narrative:

- INTRODUCTION
  Applicants should briefly describe the purpose of the proposed project.

- NEEDS ASSESSMENT
  Applicants should develop the response to this requirement with the goal of assisting the reviewers with understanding the community to be served by outlining its needs. Describe the background and critically evaluate the health workforce demand/need that the project proposes to address on a national, regional, State and/or local level. Identify the gaps that the project intends to fill and provide demographic data to support and validate identified needs. Applicants should indicate **the demographics of the service area covered by the AHEC center(s)** and its proposed location and its physical distance from the awardee school. Applicants should correlate the importance of the need by relating the specific objectives to the project's potential to meet the legislative purposes of the AHEC Program. The needs assessment should include current healthcare workforce data (not more than two years old). Applicants should describe how the project will address the healthcare workforce distribution, diversity, and quality issues of the State or region to be served by the project.

  The plan for carrying out the project must be consistent with at least one Federal, State or regional plan to assure a competent health care workforce. The Federal workforce objectives are stated in several chapters of the DHHS publication Healthy People 2020, available by calling 1-800-367-4725 or from the website: http://www.health.gov/healthypeople/document.

- METHODOLOGY
  Applicants should propose methods that will be used to meet each of described program requirements and expectations in this announcement. List specific objectives that contain measures that will assist peer reviewers in evaluating the application. The objectives must be <u>measurable</u> with specific <u>outcomes</u> for each project year and attainable within the stated <u>timeframe</u>. Describe the nature and structure of the academic partnerships that will be developed and include information specific to community-based linkages. Applicants

should present a chart with the timeline of the major project objectives, using the framework of distribution, diversity, and quality issues. Describe the activities, methods, and techniques proposed to accomplish the project objectives. Use a time line that includes each activity and identifies responsible staff. Applicants <u>must</u> complete the medical school 10 percent requirement table in response to the <u>statutory requirement</u> that AHEC Programs conduct at least 10 percent of the required medical student clinical education training at sites remote to the primary teaching facility of the contracting institution, Attachment 9.

Community-Based Partnerships and Linkages

To the extent possible, awardees are required to establish linkages with community-based organizations including providers of health care services to underserved communities and populations.

Linkages to Community
Clearly identify any collaboration or planned collaboration/linkage with Health Careers Opportunity Program (HCOP) grantees in the application. A list of currently funded HCOP grantees can be found at: <u>http://bhpr.hrsa.gov/grants/diversity.htm</u>

In addition, the applicant must describe the current and/or anticipated relationships with entities that provide health care or education of health care providers. Please describe how the proposed project will address community-based linkages with the following entities, as applicable:
- Federally Qualified Health Centers
- Rural Health Clinics
- Indian Health Service Sites
- AIDS Education Training Centers
- Ryan White Centers
- Center of Excellence Program grantees
- Geriatric Education Centers
- Two and four-year colleges and universities, identifying HBCUs, HSIs and TCs
- Elementary, middle and high schools
- Health Care for the Homeless sites
- Health department (state/local government) sites
- Community hospitals
- Nurse-managed care centers/clinics; free clinics
- Primary care Health Professional Shortage Areas (HPSAs)
- National Health Service Corps sites
- Public/elderly/low-income housing
- Prisons
- Faith-based organizations and other community-based organizations

The description should focus on the use of shared facilities, personnel, services, funding, or other resources and coordination of activities and related strategic planning to achieve common objectives for effective and efficient project operation.

Linkages to Improve Health of the Underserved

To the extent practicable, awardees must establish linkages with organizations that deliver health care to underserved communities and populations and describe the underserved community or population and any current linkages to organizations providing care. Applicants should indicate the extent to which letters of agreement have been established with training sites serving underserved populations, e.g., list name of site, city, state and date of letter of agreement.

Applicants should describe how the proposed project will address Healthy People 2020 and National HIV/AIDS Strategy (NHAS) objectives.

Distance Learning
Applicants are encouraged to propose collaborative approaches for increasing the number of students in rural and underserved areas who can access educational opportunities through the use of electronic distance learning methodologies. These methodologies are defined as a continuum of audiovisual media for presenting educational content. The interaction communication continuum ranges from television with full-motion video and audio interaction to interaction with either visual or audio media with the midpoint of this continuum being the use of computers as an interactive medium for learning. When used for a significant part of student learning activities, the following information should be included:

- Discussion of the application of distance learning with the outcomes of the proposed project;
- On campus requirements for distance learning students;
- Plans to maintain and foster scholarly dialogue and interaction between faculty and students;
- Scheduling of courses for distance learning students compared to that of students in traditional settings;
- Technical, human, and administrative resources available to support distance learning;
- Financing for distance learning courses;
- Sustainability of the distance learning methodology with plans for continued use and updating hardware and software following the project period;
- Specific coursework information related to:
  - course design and learning experiences; number, length and frequency of courses; plan for evaluating student clinical experience; the relationship between the methodology and the project objectives; anticipated number of clinical experiences and how clinical learning for distance learning students will be guided; plan for assessing computer skills of students and providing training as needed; and
  - description of teaching expertise of the faculty with the proposed distance learning methodologies; and the plan to further develop faculty;
- Identification of other programs using similar methodologies in close proximity to the proposed program;
- Number of students expected to utilize the methodology (per course); and
- Evaluation of student outcomes comparing students taking on-campus courses to those using the distance learning methodology related to this proposal.

Linkages to other Federal and State Departments or Agencies

To the extent practicable, applicants are expected to establish linkages with Federal Departments or Agencies to provide the trainings in their centers. Please describe how the proposed project will address collaborations and linkages as stated in the legislation Section 751 (c)(1)(B) with State health care workforce development programs, State workforce agency and local workforce investment boards, and with health care safety net sites.

It is anticipated that applicants will work with Department of Labor and Workforce Investment Boards as specified in Section 751(c)(1)(A). Additionally, applicants are encouraged to collaborate with the Citizen Soldier Support Program and other entities that provide training (e.g., on mental health issues) to providers serving veterans and their families.

WORK PLAN
Describe the activities or steps that will be used to achieve each of the activities proposed in the methodology section. Use a time line that includes each activity and identifies responsible staff. Applicants are encouraged to use a chart that includes project objectives, activities, resources, personnel, timeframes, and evaluation outcome measures, using the suggested format below.

Objectives/ Sub Objectives Listed in Measurable Terms	Methodology/ Activities	Resources Personnel Responsible For Program Activity	Time/ Milestones	Evaluation Measure/ Process Outcome

- **RESOLUTION OF CHALLENGES**
  Discuss challenges that are likely to be encountered in designing and implementing the activities described in the Work Plan, and approaches that will be used to resolve such challenges.

- **EVALUATION PLAN**
  Program evaluation will demonstrate if the program is functioning according to program purpose and objectives. Applicants must present an evaluation plan that addresses the following elements:

  - Evaluation Technical Capacity: describe current evaluation experience, including skills and knowledge of individual(s) responsible for conducting and reporting evaluation efforts;
  - Logic Model: demonstrate the relationship among resources, activities, outputs, target population, short-and long-term outcomes;
  - Performance Measures: provide detailed description of how the required BHPr performance measures for this program will be collected;
  - Evaluation Methods: provide examples of the evaluation questions; instruments/tools used; primary/secondary data sources; include milestones; timeline; etc.;
  - Quality Assurance Plan: explain the process to validate data collection and results;
  - Evaluation Report: describe how the evaluation activities, results, challenges, and recommendations will be analyzed and reported.

When current awardees apply for competing continuation funding, summary evaluation information for the entire previous project period must be submitted as part of the application.

- ▪ ORGANIZATIONAL INFORMATION
  Provide information on the current mission, scope of current activities, and organizational chart. Describe how these components all contribute to the ability of the organization to conduct the AHEC Program requirements and meet expectations. If an applicant already has an Advisory Board, describe the board and its composition, its function, the number of proposed meetings per year, and how the board members will provide guidance to the Principal Investigator of the project.

xi. Program Specific Forms

Medical/Nursing School 10 Percent Requirement: Applicants must present data to demonstrate compliance with the legislative mandate that recipients-awardees conduct at least 10 percent of required medical student clinical education at community settings remote from the primary teaching facility of the contracting institution for awardees that operate a school of medicine or osteopathic medicine. In States in which a school of nursing, or its parent institution, is the recipient-, the nursing school or its parent institution, shall submit data documenting that at least 10 percent of clinical education for nursing students is conducted in community settings that are remote from the primary teaching facility of the school. What follows is a sample table that applicants may use to submit 10 percent requirement data. Applicants may use any format to submit this data; however, this information must be submitted as Attachment 9. Please refer to the sample to ensure that report all the required information:

MEDICAL/NURSING SCHOOL 10 PERCENT REQUIREMENT TABLE – SAMPLE FORMAT

(Applicants may use any format to submit this data; however, this information must be submitted as Attachment 9)

	Awardee Medical/Nursing School	Cooperating Medical/Nursing School	Cooperating Medical/Nursing School	Cooperating Medical/Nursing School	Cooperating Medical/Nursing School	Cooperating Medical/Nursing School
	Example					
(A) Total Medical /Nursing Undergraduate Clinical Education Student-Weeks at or Sponsored by AHEC Each Year	953					
	Example					
(B) Total Medical/Nursing Undergraduate Clinical Education Student-Weeks of the School's 4 Year Curriculum	9530					
A ÷ B	≡ 10 Percent					

WORKSHEET EXAMPLE

EXAMPLE

Academic Year	# of Required Clinical Weeks		# of Students	Total Student Weeks		10%	AHEC Student Weeks
		X			X	10%	
1	0	X	100	0	X	10%	0
2	20	X	95	1900	X	10%	190
3	30	X	91	2730	X	10%	273
4	50	X	98	4900	X	10%	490
	100	X	384	9530	X	10%	953

MINIMUM AHEC STUDENT WEEKS = 953

NOTE: A student week of clinical education totals 40 hours, completed in either five consecutive days or cumulatively over time

HRSA-11-033 & HRSA-11-034

AHEC PROGRAM AND CENTER REQUIREMENTS – SAMPLE FORMAT

Applicants are requested to complete the AHEC Program and Center requirements by indicating the pages in the narrative that describe how each requirement has already been satisfied or will be satisfied. Suggested format follows in the form of a table; however, applicants may use any format as long as it is indicated where in the application each requirement is addressed. First-time applicants are encouraged to provide this information in Attachment 10 as it will help reviewers during the application review process.

AHEC Program Requirements	YES Indicate the page number(s) where each requirement has already been satisfied.	NO Indicate the page number(s) where the plan to satisfy each requirement is described.
1. Develop and implement strategies, in coordination with the applicable one-stop delivery system under section 134(c) of the Workforce Investment Act of 1998, to recruit individuals from underrepresented minority populations or from disadvantaged or rural backgrounds into health professions, and support such individuals in attaining such careers.		
2. Develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in health professions within underserved areas for the purpose of developing and maintaining a diverse health care workforce that is prepared to deliver high-quality care, with an emphasis on primary care, in underserved areas or for health disparity populations, in collaboration with other Federal and State health care workforce development programs, the State workforce agency, local workforce investment boards, and in health care safety-net sites.		
3. Prepare individuals to more effectively provide health services to underserved areas and health disparity populations through field placements or preceptorships in conjunction with community-based organizations, accredited primary care residency training programs, Federally qualified health centers, rural health clinics, public health departments, or other appropriate facilities.		
4. Conduct and participate in interdisciplinary training that involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public and allied health professionals, or other health professionals, as practicable.		

5. Deliver or facilitate continuing education and information dissemination programs for health care professionals, with an emphasis on individuals providing care in underserved areas and for health disparity populations.		
6. Propose and implement effective program and outcomes measurement and evaluation strategies.		
7. Establish a youth public health program to expose and recruit high school students into health careers, with a focus on careers in public health.		
General Provision: Applicants shall collaborate with 2 or more disciplines.		

AHEC CENTER REQUIREMENTS	YES Indicate the page number(s) where each requirement has already been satisfied.	NO Indicate the page number(s) where the plan to satisfy each requirement is described.
1. Is a public or private organization whose structure, governance, and operation is independent from the awardee and the parent institution of the awardee;		
2. Is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities;		
3. Designates an underserved area or population to be served by the center which is in a location removed from the main location of the teaching facilities of the schools participating in the program with such center and does not duplicate, in whole or in part, the geographic area or population served by any other center;		
4. Fosters networking and collaboration among communities and between academic health centers and community-based centers;		
5. Serves communities with a demonstrated need of health professionals in partnership with academic medical centers;		
6. Addresses the health care workforce needs of the communities served in coordination with the public workforce investment system; and		
7. Has a community-based governing or advisory board that reflects the diversity of the communities involved.		

Administrative Guidance: The Center Director should have at least 75% time allocated solely to the conduct of the center duties and responsibilities.

xii. Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Be sure each attachment is clearly labeled. Note that all attachments are included in the page limit.

Attachment 1: Staffing Plan
  Education and experience qualifications and a rationale for the amount of time requested for project staff positions (e.g., Program Director, Associate Program Director, and Center Director(s)).

Attachment 2: Job Descriptions for Key Personnel
  Include the role, responsibilities, and qualifications of proposed project staff. Keep each to one page in length.

Attachment 3: Letters of Agreement and/or Description of Existing and Proposed Contracts.
  Include documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and the deliverables. Letters of agreement must be dated. An applicant school of nursing or its parent institution shall provide a written agreement with a school of medicine or osteopathic medicine to place students from that school in training sites in the area health education center program area.

Attachment 4: Project Organizational Chart
  Provide a one-page figure that depicts the organizational structure of the project, including subcontractors and other significant collaborators.

Attachment 5: Waiver Request (if applicable) regarding AHEC Requirements in Sections 751(d)(2)(A) and 751(d)(2)(B)

Attachment 6: Waiver Request (if applicable) regarding Matching Funds

Attachment 7: Waiver Request (if applicable) regarding 75 percent/25 percent allocation.

Attachment 8: ACCOMPLISHMENT SUMMARY (FOR COMPETING CONTINUATIONS ONLY)
  All currently funded awardees and applicants that have received funding in the last four years must include a brief (3 page maximum) accomplishment summary if the application is for the same program area as currently or previously funded. A well-presented accomplishment summary provides a description of the degree to which the applicant met previous project objectives. It should present the quantitative and qualitative measures used to evaluate the project in the context of each funded objective and the results obtained for each, including the number of trainees. It should address how performance and evaluation information was used to develop the project for which funding is being requested. It should include a list of articles published in peer-reviewed journals presenting the outcomes of activities supported by award funds.

The accomplishment summary should be a brief presentation of the accomplishments, in relation to the objectives of the training program during the current project period. The report should include:

1) The period covered (dates) and addition of any centers if applicable.
2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of Peer Review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.

3) Results- Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Attachment 9: Medical/Nursing School 10 Percent Requirement
Application must document its compliance with the legislative mandate that recipients-awardees conduct at least 10 percent of required medical student clinical education at community settings remote from the primary teaching facility of the contracting institution for awardees that operate a school of medicine or osteopathic medicine. In States in which a school of nursing, or its parent institution, is the applicant, the nursing school or its parent institution shall submit data documenting that at least 10 percent of clinical education for nursing students is conducted in community settings that are remote from the primary teaching facility of the school. A sample table that applicants may use to submit 10 percent requirement data is presented in Section XI, Program Specific Forms.

Attachment 10: AHEC Program and Center Requirements – Sample Format provided.

Attachment 11: Other Relevant Documents
Include here any other documents that are relevant to the application, including Maintenance of Effort documentation and letters of support, which specifically describe a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) List all letters of support on one page.

3. Submission Dates and Times

Application Due Date
The due date for applications under this funding opportunity announcement is June 10, 2011 at 8:00 P.M. ET. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g. floods or hurricanes) or widespread disruptions of service, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late applications:
Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

The AHEC Point of Service Maintenance and Enhancement Awards Program is a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Application packages made available under this funding opportunity will contain a listing of States which have chosen to set up such a review system, and will provide a State Single Point of Contact (SPOC) for the review. Information on states affected by this program and State Points of Contact may also be obtained from the Grants Management Officer listed in the Agency Contact(s) section, as well as from the following Web site: http://www.whitehouse.gov/omb/grants_spoc.

All applicants other than federally recognized Native American Tribal Groups should contact their SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process used under this Executive Order.

Letters from the State Single Point of Contact (SPOC) in response to Executive Order 12372 are due sixty days after the application due date.

5. Funding Restrictions

The following funding requirements apply to the AHEC Program:

(a) *75 Percent Allocation and Waiver:* Not less than 75 percent of the total amount provided to an AHEC program under (a)(1) or (a)(2) shall be allocated to the area health education centers participating in the program.

Waiver: To provide flexibility to newly funded AHEC programs (Infrastructure Development programs), the Secretary/HRSA may waive the requirement (stated in the sentence above) for the first two years of a new AHEC program funded under (a)(1). To be considered for a waiver of the 75 Percent Allocation requirement, an applicant must present a written request for a waiver as an attachment to a competing application in which AHEC Infrastructure Development funds are requested for a new start AHEC Infrastructure Development program. The applicant shall provide a rationale for the waiver request including an explanation of the reason(s) why the applicant may not meet the 75 Percent Allocation requirement.

(b) *Limitation*: An entity receiving funds under subsection 751(a)(2) shall not distribute such funding to a center that is eligible to receive funding under subsection 751(a)(1).

(c) *Carryover Funds:* An entity that receives an award under this section may carry over funds from one fiscal year to another (which in this case would be the next budget period) without obtaining approval from the Secretary provided a continuation extends the grant period to include the next budget period. The recipient must exercise proper stewardship over the funds, and assure that costs are allowable, allocable, reasonable, necessary, consistently applied, and within the scope of the project. In no case may any funds be carried over pursuant to the preceding sentence for more than three years. The recipient must notify the Grants Management Specialist and Project Officer in writing of the

intended use of the carryover funds, and must report the amount carried over on the Federal Financial Report for the period in which the funds remain unobligated.

(d) *Matching Funds and Waiver*: With respect to the costs of operating a program through an award under section 751, to be eligible for financial assistance under section 751, an entity shall make available (directly or through contributions from State, county or municipal governments, or the private sector) recurring non-Federal contributions in cash or in kind toward such costs in an amount that is equal to not less than 50 percent of such costs. Thus, the matching ratio for Area Health Education Center (AHEC) awards is 1:1 (Federal funds to non-Federal contributions). At least 25 percent of the total required non-Federal contributions shall be in cash.

Waiver: An entity may apply to the Secretary for a waiver of not more than 75 percent of the matching fund amount required by the entity for each of the first three years the entity is funded through an award under (a)(1) AHEC Infrastructure Development program. To be considered for a waiver of not more than 75 percent of the AHEC Infrastructure Development matching fund amount, an applicant must present a written request for a waiver as an attachment to a competing application in which AHEC Infrastructure Development funds are requested to support a new start AHEC Infrastructure Development program. The request for a waiver shall include a description of the extent to which the applicant school has attempted to meet this requirement and include a description of the reasons why the requirement cannot be met.

Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment (capital expenditures), tuition and fees, and subgrants and subcontracts in excess of $25,000 are excluded from the actual direct cost base for purposes of this calculation.

(e) Project Terms: The period during which payments may be made under an award under (a)(1) (AHEC Infrastructure Development awards) may not exceed – (A) in the case of a program, 12 years; or (B) in the case of a center within a program, 6 years. Exception: The periods described in the preceding sentence shall not apply to programs receiving AHEC Point of Service Maintenance and Enhancement awards under (a)(2) to maintain existing centers and activities.

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are *required* to submit *electronically* through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at http://www.Grants.gov. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization *immediately register* in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process,

you will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at http://www.grants.gov. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will <u>not</u> accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time. Deadline extensions will <u>not</u> be provided to applicants who do not correct errors and resubmit before the posted deadline.

If, for any reason, an application is submitted more than once, prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.

Tracking your application: It is incumbent on the applicant to track application status by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at http://www07.grants.gov/applicants/resources.jsp. <u>Be sure your application is validated by Grants.gov prior to the application deadline.</u>

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

Review Criteria are used to review and rank applications. The AHEC Program has six (6) review criteria:

Criterion 1: NEED (10 points)
Involves the extent to which the application describes the problem(s) to be addressed and the target population(s) and geographic area(s) to be served by the AHEC(s). The extent to which the applicant:

- Demonstrates an understanding of the purpose and requirements of the AHEC Program.
- Demonstrates an understanding of the identified need(s) as evidenced by the description of target population(s) with supporting data, demographics, health status of the target population(s), and associated contributing factors that the proposed AHEC project intends to address in the area(s) to be served by the AHEC(s). Data provided are not older than two years.
- Identifies proposed centers and geographic areas to be served.
- In the event an applicant is requesting a new center, the extent of justification provided for adding a new center will be considered.
- Provides data to substantiate the need to recruit individuals from underrepresented minority populations or from disadvantaged or rural backgrounds into health professions.
- Provides data and literature references to demonstrate the need to prepare individuals to more effectively provide care in underserved areas and for health disparity populations.
- Provides data to describe the current and projected primary care workforce in a State or region served, and estimates the number of students to be trained in the field of primary care, and the number of primary care providers to be recruited.
- Demonstrates how data provided in the needs assessment may serve as a baseline for evaluation of specific project objectives.

Criterion 2: RESPONSE (27 points)
Involves the degree to which the proposal responds to AHEC legislative requirements.

- Degree to which proposed activities address the AHEC program and center requirements.
- Clarity of the project objectives and their relationship to the identified need(s).
- Extent to which project objectives are measurable and attainable within the stated timeframe.
- Clarity of the proposed work plan and mechanisms to assure that satisfactory progress is attained.
- Extent to which the project fulfills the cost sharing/matching requirements.
- Degree to which project challenges and plans to overcome barriers are indicated.
- Degree to which the project meets the 10 percent clinical education requirement of the applicant medical school or applicant nursing school.
- Degree to which interdisciplinary training opportunities are provided or expanded to involve physicians, physician assistants, nurse practitioners, nurse midwives, pharmacists, dentists, optometrists, public and allied health professionals,

psychologists, community health workers, or other health professionals, as practicable.
- Extent to which the project has established collaborations with a Health Careers Opportunity Program, if there is one in the applicant's service area.
- Extent to which the project has established linkages with community-based entities and programs listed under "Community-Based Partnerships and Linkages" – such as Health Careers Opportunity Programs, Federally Qualified Health Centers and two and four-year colleges and universities.
- Extent to which innovative opportunities are proposed and/or are on-going – such as innovative community-based primary care curricula, community-based participatory research.
- Extent of collaboration with federal and state health care workforce development programs and Workforce Investment Boards.
- Extent to which proposed health careers recruitment programs include or emphasize public health.

Criterion 3: EVALUATIVE MEASURES (25 points)
Involves the adequacy of the evaluation strategy to monitor and evaluate the project results.

- The extent to which outcomes evaluation measures are being developed or implemented.
- Potential of evaluative measures to assess the extent to which project objectives are met and can be attributed to the project.
- Clarity of methods and techniques that will be used to measure, analyze and report the outcomes of each objective.
- Extent to which the proposed project adequately responds to AHEC Program performance measures and outcome indicators.
- The extent to which appropriate data are identified and collected as it relates to measurable objectives.
- The degree to which baseline data provided in the needs assessment are utilized in the evaluation strategies.

Criterion 4: IMPACT (22 points)
This area reviews the degree to which the project activities are replicable, and/or the sustainability of the program as Federal funding decreases. Involves the extent and effectiveness of meeting the primary care workforce needs of the population and geography/region identified for AHEC services and programs, and potential for replication of project activities.

- Potential of the proposed AHEC program and participating Center(s) to continue on a self-sustaining basis.
- Identification of plans for effective, efficient dissemination of project results to other AHEC entities.
- Potential of project results to be of state or national significance.
- Potential for replication of project activities.
- The extent to which students are exposed to primary care in community settings and are exposed to service to underserved populations.
- The extent to which community-based participatory research activities are conducted with academic partners, and results are shared.

- The extent to which the program specific accomplishments, successful outcomes, and other relevant information demonstrate meeting identified community workforce needs.
- The extent to which the program collaborates with the following Federal and non-Federal partners:
  - Health Careers Opportunity Program
  - Community Health Centers/Federally Qualified Health Centers
  - National Health Services Corps
  - Department of Labor/Workforce Investment Boards

Criterion 5: RESOURCES/CAPABILITIES (11 points)

Involves the extent to which project demonstrates past performance success and personnel are qualified by training and/or experience to implement and carry out the proposal. The capabilities of the applicant organization and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project will be reviewed.

Performance will be considered, along with:

- Evidence of qualifications (review of bio-sketches for key personnel).
- Evidence of adequate staffing plan for proposed project (Project organizational chart).
- Evidence of ability to implement programs with the following characteristics: interdisciplinary, community-based, primary care oriented, and activities that enhance workforce diversity.
- Evidence of institutional support, e.g., resources and letters of support (commitment to provide financial or in-kind resources).
- Evidence of successful partnerships and linkages with academic and community-based organizations.
- Evidence of successful partnerships with Workforce Investment Boards.

Criterion 6: SUPPORT REQUESTED (5 points)

Involves the reasonableness of the proposed budget and resources in relation to the objectives, scope of the project, complexity of activities, and anticipated results.

- Evidence of a reasonable detailed annual budget for the program and contracting AHEC centers, with rationale to accomplish the project objectives.
- Evidence of fiscal capability to successfully manage cooperative agreements and contracts.
- Evidence of efforts to obtain other sources of income, income generation plans, and future funding strategies.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of

interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this program announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of September 1, 2011.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's merits and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant agency's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of September 1, 2011.

2. Administrative and National Policy Requirements
Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations or 45 CFR Part 92 Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at http://www.hrsa.gov/grants/. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

Cultural and Linguistic Competence

HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at http://www.omhrc.gov/CLAS. Additional cultural competency and health literacy tools, resources and definitions are available online at http://www.hrsa.gov/culturalcompetence and http://www.hrsa.gov/healthliteracy.

Trafficking in Persons

Awards issued under this FOA are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.htm. If you are unable to access this link, please contact the Grants Management Specialist identified in this FOA to obtain a copy of the Term.

PUBLIC POLICY ISSUANCE

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) Achieve health equity, eliminate disparities, and improve the health of all groups; (3) Create social and physical environments that promote good health for all; and (4) Promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at http://www.healthypeople.gov/.

National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. 0 The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with Federally-approved guidelines for HIV Prevention and Treatment (see

http://www.aidsinfo.nih.gov/Guidelines/Default.aspx as a reliable source for current guidelines). More information can also be found at http://www.whitehouse.gov/administration/eop/onap/nhas

Diversity
BHPR is committed to increasing diversity in health professions programs and the health workforce across the Nation. This commitment extends to ensuring that the U.S. has the right clinicians, with the right skills, working where they are needed. In FY 2011, BPHR adopted Diversity Guiding Principles to facilitate diversity in the health professions workforce.
BHPR Diversity Guiding Principles:

Health Professions Workforce preparation must:
1) Recruit, train, and retain a workforce that is more reflective of the diversity of the nation;
2) Address all levels of the health workforce from pre-professional to professional;
3) Acknowledge that learning is life-long and should be supported by a continuum of educational opportunities;
4) Design training programs to help health care providers develop competencies and skills needed for intercultural understanding, and expand on ways to achieve cultural fluency especially in the areas of health literacy and linguistic competency; and
5) Acknowledge the benefits of promoting diversity in the health professions. Bringing people of diverse backgrounds and experiences together facilitates innovative strategic practices that enhance the health of all people.

To the extent possible, program grant activities should strive to support the guiding principles identified by BHPR to increase diversity in the health professions workforce. All grant applicants shall provide the following information:
1) Describe the institution's comprehensive approach to increasing the number of diverse health professionals through an established strategic plan, policies, and program initiatives.
2) Describe the health professions school and/or program's recent performance in recruiting, admitting, retaining, mentoring and graduating students from underrepresented minority groups and/or students from disadvantaged backgrounds. Identify the percentage of students from educationally and economically disadvantaged backgrounds and under-represented minority students enrolled in the school/program within the past ten years and strategies that have been effective in assisting these students to successfully graduate.
3) Describe future plans to recruit, retain, and graduate students from underrepresented minority groups and students from educationally and economically disadvantaged backgrounds.

For the purpose of this document, the following definitions apply:
Under-represented minority is defined as racial and ethnic populations that are underrepresented in the health profession relative to their proportion of the population involved. This definition would include Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Hispanic or Latino, and any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai.

Disadvantaged background is applicable to an individual who comes from 1) an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a graduate or undergraduate school or 2) a family with an annual

income below a level based on low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index (Economically Disadvantaged). It is the responsibility of each applicant to clearly delineate the criteria used to classify student participants as educationally disadvantaged.

Smoke-Free Workplace
The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. **Audit Requirements**
   Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars;

b. **Payment Management Requirements**
   Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to http://www.dpm.psc.gov for additional information.

c. **Status Reports**
   1) **Federal Financial Report**. The Federal Financial Report (SF-425) is required within 90 days of the end of the project period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the award notice.

   2) **The BHPr Performance Report**.
      All BHPr awardees are required to submit a performance report to HRSA on an annual basis. They are due in August each year and must be submitted on-line by awardees in the Electronic Handbooks system at https://grants.hrsa.gov/webexternal/home.asp.

      The BHPr Performance Report has two parts. The first part demonstrates awardee progress on program-specific goals. The second part collects core performance measurement data to measure the Bureau's progress through its awardees in: (1) improving the distribution, diversity, and quality of the healthcare workforce; (2) improving the educational environment infrastructure; and (3) increasing students' selection of primary care education. For additional information please review the

BHPr performance guidance at http://bhpr.hrsa.gov/grants/. You will be asked to respond to several of the indicated measures in your annual progress report.

3) **Final Report(s).** A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the awardee achieved the mission, goals and strategies outlined in the program; awardee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the awardee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at https://grants.hrsa.gov/webexternal/home.asp

Provide a brief description of each of the following:

- Project overview;
- Project impact;
- Prospects for continuing the project and/or replicating this project elsewhere;
- Publications produced through this award activity;
- Changes to the objectives from the initially approved award.

d. **Transparency Act Reporting Requirements**
New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of $25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at http://www.hrsa.gov/grants/ffata.html). Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting:

Curtis Colston, Grants Management Specialist
Division of Grants Management Operations
OFAM/HRSA
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-3438/Fax: (301) 443-6343
Email: ccolston@hrsa.gov

William Weisenberg, Grants Management Specialist
Division of Grants Management Operations

OFAM/HRSA
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8056/Fax: (301) 443-6343
Email: wweisenberg@hrsa.gov

Additional information related to overall program issues and/or technical assistance regarding this funding opportunity announcement may be obtained by contacting:

Lou Coccodrilli, Branch Chief
AHEC Branch, Division of Diversity and Interdisciplinary Education
BHPr/HRSA
Parklawn Building, Room 9-36
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-6950 Fax: (301) 443-0157
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Norma J. Hatot, CAPT, Senior Nurse Consultant/Senior Program Officer
Telephone: (301) 443-2681 Fax: (301) 443-0157
Email: nhatot@hrsa.gov

Meseret Bezuneh, Program Officer
Telephone: (301) 594-4149 Fax: (301) 443-0157
Email: mbezuneh@hrsa.gov

Michelle Menser, Program Officer
Telephone: (301) 443-6853 Fax: (301) 443-0157
Email: mmenser@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726
E-mail: support@grants.gov

VIII. Other Information

Technical Assistance Calls
The program staff will host two technical assistance calls of one hour each on Thursday, May 5, 2011 at 2:00 PM EST and Wednesday May 11, 2011 at 11:00 AM EST. Please contact Mr. Leo Wermers by e-mail at lwermers@hrsa.gov or by telephone at (301) 443-7121 to register for the call.

Definitions

"Allied Health Professional" – means a health professional (other than a registered nurse or physician assistant) who -
(A) has received a certificate, an associate's degree, a bachelor's degree, a master's degree, a doctoral degree, or post baccalaureate training, in a science relating to health care;
(B) shares in the responsibility for the delivery of health care services or related services, including—

    (i) services relating to the identification, evaluation, and prevention of disease and disorders;

    (ii) dietary and nutrition services;

    (iii) health promotion services;

    (iv) rehabilitation services; or

    (v) health systems management services; and

(C) has not received a degree of doctor of medicine, a degree of doctor of osteopathy, a degree of doctor of dentistry or an equivalent degree, a degree of doctor of veterinary medicine or an equivalent degree, a degree of doctor of optometry or an equivalent degree, a degree of doctor of podiatric medicine or an equivalent degree, a degree of bachelor of science in pharmacy or an equivalent degree, a degree of doctor of pharmacy or an equivalent degree, a graduate degree in public health or an equivalent degree, a degree of doctor of chiropractic or an equivalent degree, a graduate degree in health administration or an equivalent degree, a doctoral degree in clinical psychology or an equivalent degree, or a degree in social work or an equivalent degree or a degree in counseling or an equivalent degree.

"Area Health Education Center Program" – is a cooperative program consisting of an entity that has received an award under subsection (a)(1) or (a)(2) of section 751 for the purpose of planning, developing, operating, and evaluating an area health education center program and one or more area health education centers, which carries out the required activities described in section 751(c), satisfies the program requirements in such section, has as one of its principal functions identifying and implementing strategies and activities that address health care workforce needs in its service area, in coordination with the local workforce investment boards.

"Area Health Education Center" – is a public or nonprofit private organization that has a cooperative agreement or contract in effect with an entity that has received an award under subsection (a)(1) or (a)(2) of section 751, satisfies the requirements in section 751 (d)(1), and has as one of its principal functions the operation of an area health education center. Appropriate organizations may include hospitals, health organizations with accredited primary care training programs, accredited physician assistant educational programs associated with a college or university, and universities or colleges not operating a school of medicine or osteopathic medicine.

"Continuing Education Program" – a formal, post-licensure education program designed to increase knowledge and/or skills of health professionals. Continuing education programs may include: workshops, institutes, clinical conferences, staff development courses and individual studies. It does not include study for an academic degree, post-master's certificate or other evidence of completing such a program.

"Cooperative Agreement" – a support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.

"Disadvantaged" – an individual who comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; or comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

"Federally Qualified Health Centers" - means an entity which:
  (A) (i) is receiving a grant under section 330 of the Public Health Service Act, or (ii) (I) is receiving funding from such a grant under a contract with the recipient of such a grant, and (II) meets the requirements to receive a grant under section 330 of such Act;
  (B) based on the recommendation of the Health Resources and Services Administration within the Public Health Service, is determined by the Secretary to meet the requirements for receiving such a grant;
  (C) was treated by the Secretary, for purposes of part B, as a comprehensive Federally funded health center as of January 1, 1990; or
  (D) is an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act.

"Graduate" – is an individual who has successfully completed all educational requirements for a specified academic program of study or has met all the eligibility requirements for full certification/degree in a designated health profession.

"Health Care Workforce" - includes all health care providers with direct patient care and support responsibilities, such as physicians, nurses, nurse practitioners, primary care providers, preventive medicine physicians, optometrists, ophthalmologists, physician assistants, pharmacists, dentists, dental hygienists, and other oral healthcare professionals, allied health professionals, doctors of chiropractic, community health workers, health care paraprofessionals, direct care workers, psychologists and other behavioral and mental health professionals (including substance abuse prevention and treatment providers), social workers, physical and occupational therapists, certified nurse midwives, podiatrists, the EMS workforce (including professional and volunteer ambulance personnel and firefighters who perform emergency medical services), licensed complementary and alternative medicine providers, integrative health practitioners, public health professionals, and any other health professional that the Comptroller General of the United States determines appropriate.

"Health Disparity Population" – has the meaning given such term in section 903(d)(1), as amended, and referenced in section 799B(20). The term "health disparity population" has the meaning given such term in section 464z-3, except that in addition to the meaning so given, the Director may determine that such term includes populations for which there is a significant disparity in the quality, outcomes, cost, or use of health care services or access to or satisfaction with such services as compared to the general population."

Section 464z-3, formerly sec. 485E, provides: "A population is a health disparity population if, as determined by the Director of the Center after consultation with the Director of the Agency for Healthcare Research and Quality, there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population."

"Health Professionals" – includes:
(A) dentists, dental hygienists, primary care providers, specialty physicians, nurses, nurse practitioners, physician assistants, psychologists and other behavioral and mental health professionals (including substance abuse prevention and treatment providers), social workers, physical and occupational therapists, public health professionals, clinical pharmacists, allied health professionals, doctors of chiropractic, community health workers, school nurses, certified nurse midwives, podiatrists, licensed complementary and alternative medicine providers, the EMS workforce (including professional and volunteer ambulance personnel and firefighters who perform emergency medical services), and integrative health practitioners;
(B) national representatives of health professionals;
(C) representatives of schools of medicine, osteopathy, nursing, dentistry, optometry, pharmacy, chiropractic, allied health, educational programs for public health professionals, behavioral and mental health professionals (as so defined), social workers, pharmacists, physical and occupational therapists, oral health care industry dentistry and dental hygiene, and physician assistants;
(D) representatives of public and private teaching hospitals, and ambulatory health facilities, including Federal medical facilities; and
(E) any other health professional the Comptroller General of the United States determines appropriate.

"Interprofessional Education" – is defined as the collaborative process by which teams of health professionals develop curricula and courses, coordinate and plan practical experiences jointly, and team teach groups of interdisciplinary health professional students to provide holistic care throughout the lifespan.

Low Income Individual, State Workforce Investment Board, and Local Workforce Investment Board –
(A) Low-Income Individual - The term `low-income individual' has the meaning given that term in section 101 of the Workforce investment Act of 1998 (29 U.S.C. 2801).
(B) State Workforce Investment Board, and Local Workforce Investment Board - The terms `State workforce investment board' and `local workforce investment board', refer to a State workforce investment board established under section 111 of the Workforce Investment Act of 1998 (29 U.S.C. 2821) and a local workforce investment board established under section 117 of such Act (29 U.S.C. 2832), respectively.

"Medically Underserved Community" - According to Section 799B(6) of the PHS Act this term refers to an urban or rural area or population that:
(A) is eligible for designation under Section 332 of the PHS Act as a health professional shortage area (HPSA);
(B) is eligible to be served by a migrant health center under Section 329 [now section 330(g)] of the PHS Act, a community health center under Section 330 of the PHS Act, a grantee under Section 330(h) of the PHS Act (relating to individuals who are homeless), or a

grantee under Section 340A [now 330(i)] of the PHS Act (relating to residents of public housing);

(C) has a shortage of personal health services, as determined under criteria issued by the Secretary under Section 1861(a)(2) of the Social Security Act (relating to rural health clinics); or

(D) is designated by a State Governor (in consultation with the medical community) as a shortage area or medically underserved community.

Examples of work settings that serve medically underserved communities include the following:
Community Health Centers, Migrant Health Centers, Health Care for the Homeless grantees, Public Housing Primary Care grantees, Federally Designated Rural Health Clinics, National Health Service Corps sites, Indian Health Service sites, Federally Qualified Health Centers, Primary Medical Care and Dental HPSAs, City or County Health Departments.

"One-Stop Delivery System" - means a one-stop delivery system described in section 134(c) of the Workforce Investment Act of 1998 (29 U.S.C. 2864(c). Reference is made to the general definitions section in Title VII, Sec. 799B(23): "One-Stop Delivery System Center".

"**Primary Care**" - is the provision of integrated comprehensive and continuous, accessible health care services by clinicians, including nurse practitioners and nurse-midwives, who are accountable for addressing a large majority of personal health care needs within their scopes of practice, developing a sustained partnership with clients, and practicing in the context of family and communities. Critical elements also include accountability of clinicians and systems for quality of care, consumer satisfaction, efficient use of resources, and ethical behavior. Clients have direct access to an appropriate source of care, which continues over time for a variety of problems and includes needs for preventive services.

"Program Completer" - is an individual who has met the didactic and/or clinical requirements of a structured educational program that does not confer a degree (e.g., continuing education, residency, fellowship) designed to improve knowledge or skills. Program completers are further grouped by the length of the program completed: Programs ≤ 20 hours; ≤ 40 hours; 41-160 hours; ≥ 161 hours including fellowships and residencies of 1 year or more.
An individual receiving a degree in nursing at the associate, bachelor, master or doctorate level should be classified as a graduate. A physician who completes a residency program should be classified as a program completer. A health care provider who completes a continuing education course for credit, or a high school student who completes a summer health careers program of 20-hours, should be classified as program completer. A local resident who completes initial training as a Community Health Worker (CHW) should be considered a program completer; a CHW who completes a continuing education course should also be considered a program completer.

"Registered Apprenticeship Program" - means an industry skills training program at the postsecondary level that combines technical and theoretical training through structure on the job learning with related instruction (in a classroom or through distance learning) while an individual is employed, working under the direction of qualified personnel or a mentor, and earning incremental wage increases aligned to enhance job proficiency, resulting in the acquisition of a

nationally recognized and portable certificate, under a plan approved by the Office of Apprenticeship or a State agency recognized by the Department of Labor

" **Rural Health Clinic"** – means a facility which—
  (A) is primarily engaged in furnishing to outpatients services described in subparagraphs (A) and (B) of paragraph (1);
  (B) in the case of a facility which is not a physician-directed clinic, has an arrangement (consistent with the provisions of State and local law relative to the practice, performance, and delivery of health services) with one or more physicians (as defined in subsection (r)(1)) under which provision is made for the periodic review by such physicians of covered services furnished by physician assistants and nurse practitioners, the supervision and guidance by such physicians of physician assistants and nurse practitioners, the preparation by such physicians of such medical orders for care and treatment of clinic patients as may be necessary, and the availability of such physicians for such referral of and consultation for patients as is necessary and for advice and assistance in the management of medical emergencies; and, in the case of a physician-directed clinic, has one or more of its staff physicians perform the activities accomplished through such an arrangement;
  (C) maintains clinical records on all patients;
  (D) has arrangements with one or more hospitals, having agreements in effect under section 1866, for the referral and admission of patients requiring inpatient services or such diagnostic or other specialized services as are not available at the clinic;
  (E) has written policies, which are developed with the advice of (and with provision for review of such policies from time to time by) a group of professional personnel, including one or more physicians and one or more physician assistants or nurse practitioners, to govern those services described in paragraph (1) which it furnishes;
  (F) has a physician, physician assistant, or nurse practitioner responsible for the execution of policies described in subparagraph (E) and relating to the provision of the clinic's services;
  (G) directly provides routine diagnostic services, including clinical laboratory services, as prescribed in regulations by the Secretary, and has prompt access to additional diagnostic services from facilities meeting requirements under this title;
  (H) in compliance with State and Federal law, has available for administering to patients of the clinic at least such drugs and biologicals as are determined by the Secretary to be necessary for the treatment of emergency cases (as defined in regulations) and has appropriate procedures or arrangements for storing, administering, and dispensing any drugs and biologicals;
  (I) has a quality assessment and performance improvement program, and appropriate procedures for review of utilization of clinic services, as the Secretary may specify;
  (J) has a nurse practitioner, a physician assistant, or a certified nurse-midwife (as defined in subsection (gg)) available to furnish patient care services not less than 50 percent of the time the clinic operates; and
  (K) meets such other requirements as the Secretary may find necessary in the interest of the health and safety of the individuals who are furnished services by the clinic.

"Underserved Area/Population" - includes:
  - The Elderly, Individuals with HIV-AIDS, Substance Abuse, Homeless, and Victims of Domestic Violence
  - Homeless Populations

- Health Professional Shortage Areas/Populations
- Medically Underserved Areas/Populations
- Migrant and Seasonal Farm workers
- Nurse Shortage Areas
- Residents of Public Housing
- Rural Communities
- Rural Health Clinic Certified Areas; now defined with additional entities listed below:
- Ambulatory Surgical Center – An entity that provides surgical services to individuals on an outpatient basis and is not owned or operated by a hospital.
- Disproportionate Share Hospital (DSH) – A hospital as certified under 1886(d) of the Social Security Act that 1) has a disproportionately large share of low-income patients and 2) receives a) an augmented payment from the States under Medicaid or b) a payment adjustment from Medicare. Hospital-based outpatient services are included under this definition.
- Federal Hospital – Any Federal institution that is primarily engaged in providing care, by or under the supervision of physicians, to inpatients or outpatients: (a) diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (b) rehabilitation of injured, disabled, or sick persons.
- Home Health Agency – A public agency or private organization as certified under section 1861(o) of Social Security Act that is primarily engaged in providing skilled nursing care and other therapeutic services.
- Hospice Program – A public agency or private organization as certified under section 1861 (dd)(2) of the Social Security Act that provides 24-hour care and treatment services (as needed) to terminally ill individuals and their families. This care is provided in individuals' homes on an outpatient basis, and on a short-term inpatient basis, directly or under arrangements made by the agency or organization.
- Native Hawaiian Health Center – An entity (a) which is organized under the laws of the State of Hawaii: (b) which provides or arranges for health care services through practitioners licensed by the State of Hawaii, where licensure requirements are applicable; (c) which is a public or nonprofit private entity; and (d) in which Native Hawaiian health practitioners significantly participate in planning, management, monitoring, and evaluation of health services. See the Native Hawaiian Health Care Act of 1988 (Public Law 100-579), as amended by Public Law 102-396.
- Non-Federal Non-Disproportionate Share Hospital – Any public or private institution that is primarily engaged in providing care, by or under the supervision of physicians, to inpatients or outpatients: (a) diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or (b) rehabilitation of injured, disabled, or sick persons.
- Nursing Home – An institution (or a distinct part of an institution) as certified under section 1919 (a) of the Social Security Act, that is primarily engaged in providing, on a regular basis, health-related care and service to individuals who because of their mental or physical condition require care and service (above the level of room and board) that can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases.
- Skilled Nursing Facility – An institution (or a distinct part of an institution) as certified under section 1819 (a) of the Social Security Act, that is primarily engaged in providing skilled nursing care and related services to residents requiring medical, rehabilitation or nursing care and is not primarily for the care and treatment of mental diseases.

"Underrepresented Minorities" - means, with respect to a health profession, racial and ethnic populations that are underrepresented in the health profession relative to the number of individuals who are members of the population involved. Asian individuals shall be considered by the various subpopulations of such individuals.

IX. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:
http://www.hhs.gov/asrt/og/grantinformation/apptips.html.

Appendix A: Instructions for the SF-424 R&R (Research and Related)

INSTRUCTIONS FOR THE APPLICATION FACE PAGES

Below are detailed instructions for the completion of the SF-424 R&R form:

Field	Instructions
1.	Select **Type of Submission**: Check the appropriate type from the submission options. Select **Application** for all HRSA grant programs
2.	**Date Submitted**: Enter the date the application is submitted to the Federal agency.
3.	**Date Received by State**: State Use Only (if applicable)
4.	**Federal Identifier**: New Project Applications should leave this field blank. If this is a Continuation application (competing or non-competing) or a Supplement, enter your grant number located on your Notice of Grant Award (NGA.
5.	**Applicant Information**: All items in bold are required fields and must be completed Enter your **Organization's DUNS** Number (received from Dun and Bradstreet), Enter the **Legal Name**, **Applicant Department** (if applicable) and **Division** (if applicable) who will undertake the assistance activity. In **Street 1** enter the first line of the street address of your organization. In **Street2** enter the second line of your organization, if applicable. Enter the **City, County** and **State, Zip Code** and **Country** where your organization is located. Enter the **Person to be Contacted on Matters Involving the Application:** **This is the POINT OF CONTACT, the person to be contacted** for the matters pertaining to this specific application (i.e. principle investigator, project director, other)**. Enter the **Prefix, First Name, Middle Name and Last Name and Suffix** (if applicable) of the person to be contacted on matters relating to this application. Enter the **Phone** and **Fax** number as well as the **E-MAIL** address of this person. **These are all required fields.**
6.	**Employer Identification (EIN)/ (TIN)** Enter the 9 Digit Employer Identification Number as Assigned by the Internal Revenue Services.
7.	**Type of Applicant:** Select the appropriate letter from one of the following: A. State Government B. County Government C. City or Township Government D. Special District Government E. Independent School District F. State Controlled Institution of Higher Education G. Native American Tribal Government (Federally Recognized) H. Public/Indian Housing Authority I. Native American Tribal Organization (other than Federally recognized) J. Nonprofit with 501C3 IRS status (other than Institute of Higher Education) K. Nonprofit without 501C3 IRS status (other than Institute of Higher Education L. Private Institution of Higher Education M. Individual N. For Profit Organization(other than small business) O. Small Business P. Other (specify) **Women Owned:** Check if you are a woman owned small business (51% owned/controlled and operated by a woman/women) **Socially and Economically Disadvantaged:** Check if you are a socially and economically disadvantaged small business, as determined by the U.S. SBA pursuant to Section 8(a) of the SBA U.S.C.637(a).
8.	**Type of Application: Select the Type from the following list :** - **New**: A new assistance award - **Resubmission** (not applicable to HRSA) - **Renewal** – An application for a competing continuation – this is a request for an extension for an

	additional funding/budget period for a project with a projected completion -**Continuation**: A non-competing application for an additional funding/budget period for a project within a previously approved projected period - **Revision**: Any change in the Federal Governments financial obligation or contingent liability from an existing obligation. Indicate the **Type of Revision** by checking the appropriate box: A. Increase in Award (supplement, competing supplement) B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (Enter text to Explain) **Is Application being submitted to Other Agencies:** Indicate by checking **YES** or **NO** if the application is being submitted to HRSA only **What other Agencies:** Enter Agency Name (if applicable)
9.	**Name of Federal Agency:** Enter the Name of the Federal Agency from which assistance is being requested
10.	**Catalogue of Federal Domestic Assistance Number (CFDA):** Use the CFDA Number found on the front pea of the program FOA and associated Title of the CFDA (if available).
11.	**Descriptive Title of Applicant's Project:** Enter a brief descriptive title of the project. A continuation or revision must use the same title as the currently funded project.
12.	**Proposed Project:** Enter the project **Start Date** of the project in the Start Date Field and the project **Ending Date** in the Ending Date Field. (ex.11/01/2005 to 10/31/2008)
13.	**Congressional District Applicant and Congressional District Project:** Enter your Congressional District(s) in Applicant Field. Enter the Congressional District (s) of Project, the primary site where the project will be performed. (http://www.gpoaccess.gov/cdirectory/browse-cd-05.html)
14.	**Project Director/Principal Investigator Contact Information:** All items in bold are required fields and must be completed Enter the **Prefix, First Name, Middle Name and Last Name and Suffix** (if applicable) of the Project Director/Principle Investigator (PD/PI) for the project. Enter the **Title** of the PD/PI and the **name of the organization** of the PD/PI. Enter the name of the primary organization **Department** and **Division** of the PD/PI. In **Street 1** enter the first line of the street address of the PD/PI for the project. In **Street2** enter the second line of the street address for the PD/PI, if applicable. Enter the **City, County** and **State, Zip Code** and **Country** of the PD/PI. Enter the **Phone** and **Fax** number as well as the **E-MAIL** address of this person. **These are all required fields.**
15.	**Estimated Project Funding:** **a. Total Estimated Project Funding** Enter the total **Federal Funds** requested for the **BUDGET PERIOD** for which you are applying. **Enter only the amount for the year you are applying, NOT the amount for the entire project period.** **b. Total Federal and Non-Federal Funds:** Enter the total Federal and non-Federal funds for the **BUDGET PERIOD** for which you are applying. **c. Estimated Program Income:** Identify any Program Income for the **BUDGET PERIOD.**
16.	**Is Application Subject to Review by State Executive Order 12372 Process:** If YES: Check the YES box if the announcement indicates that the program is covered under State Executive Order 12372. If NO: Place a check in the NO box.
17.	**Complete Certification** Check the "I agree" box to attest to acceptance of required certifications and assurances listed at the end of the Application.
18.	**SF-LLL or other Explanatory Documentation**
19.	**Authorized Representative** (Authorizing Official - This is the person who has the authority to sign the application for the organization). All items in bold are required fields and must be completed. Enter the name of Authorized Representative/Authorizing Official. Enter the **Prefix, First Name, Middle Name and Last Name and Suffix** (if applicable) of the Authorized Representative (AR) or Authorizing Official (AO). Enter the **Title** of the Authorized Representative and the **organization** of the AR/AO. Enter the name of the primary organization **Department** and **Division** of the AO. In **Street 1** enter the first line of the street address of the AR/AO for the project. In **Street 2** enter the second line of the street address for the AR/AO, if applicable. Enter the **City, County** and **State, Zip Code** and **Country** of the AR/AO. Enter the **Phone** and **Fax** number as well as the **E-MAIL** address of AR/AO this person. **These are all required fields.**

	Note: Applicant applying in paper must send their entire grant application with the signed face/cover pages to the GAC.
20.	**Pre-Application** This is Not applicable to HRSA. A limited number of HRSA programs require a Letter of Intent which is different from a preapplication. Information required and the process for submitting such a Letter of Intent is outlined in the funding opportunity announcements for those programs with such a requirement.

INSTRUCTIONS FOR 516-11 CHECKLIST (This is used for the SF-424 R&R as well)

Field	Instructions
Type of Application	Check one of the boxes corresponding to one of the following types: - **New**: A new application is a request for financial assistance for a project or program not currently receiving DHHS support. -**Non competing Continuation**: A non-competing application for an additional funding/budget period for a project within a previously approved project period - **Competing Continuation** (same as Renewal from 424R&R face page)–this is a request for an extension of support for an additional funding/budget period for a project with a projected completion. - **Supplemental** (same as Revision from 424 R&R face page) An application requesting a change in the Federal Governments financial obligation or contingent liability from an existing obligation.
Part A	Leave this Section Blank
Part B	Leave this Section Blank
Part C	In the Space Provided below, please provide the requested information
Business Official to be notified if an award is to be made	Enter the name of Business Official to be notified if an award is to be made. Enter the **Prefix, First Name, Middle Name and Last Name and Suffix** (if applicable) of the Business Official and the **organization. Enter the Address** Street 1 enter the first line of the street address of the Business Official. In **Street 2** enter the second line of the street address for the AR/AO, if applicable. Enter the **City, County** and **State, Zip Code** and **Country** of the business official. Enter the **Telephone** and **Fax** number as well as the **E-MAIL** address of Business Official. Enter the Applicant Organizations 12 Digit DHHS EIN (if already assigned) – This should be the same information as supplied in file number 5 of the SF-424 R&R face page.
Project Director/Principle Investigator designated to direct the proposed project	Enter the name of Project Director/Principle Investigator (PD/PI) – this should be the same information as supplied on the 424 R & R face page field number 15. Enter the **Prefix, First Name, Middle Name and Last Name and Suffix** (if applicable). Enter the name of the primary organization and Address: **Street 1** enter the first line of the street address of the AR/AO for the project. In **Street 2** enter the second line of the street address for the AR/AO, if applicable. Enter the **City, County** and **State, Zip Code** and **Country** of the PD/PI. Enter the **Telephone Number, E-Mail** and **Fax** number. **DO NOT** enter the social security number. Enter the highest degree earned for the PD/PI.

INSTRUCTIONS FOR R&R SENIOR/KEY PERSON PROFILE

Starting with the PD/PI, provide a profile for each senior/key person proposed. Unless otherwise specified in an agency announcement senior key personnel are defined as all individuals who contribute in a substantive, measurable way to the execution of the project or activity whether or not salaries are requested. Consultants should be included if they meet this definition. For each of these individuals a Bio-sketch should be attached which lists the individual's credentials/degrees.

Field	Instruction
Prefix	Ex. Mr., Ms. Mrs. Rev. Enter the Prefix for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the prefix for the project director identified on the face page of

	the SF-424 R&R.
First Name	This is the first (given) name of the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the name of the project director identified on the face page of the SF-424 R&R.
Middle Name	This is the middle name of the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the name of the project director identified on the face page of the SF-424 R&R.
Last Name	This is the last name of the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the last name of the project director identified on the face page of the SF-424 R&R.
Suffix	Enter the Suffix (Ex. Jr., Sr., PhD.,) for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the prefix for the project director identified on the face page of the SF-424 R&R.
Position/Title	Enter the Title for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Title for the project director identified on the face page of the SF-424 R&R.
Department	This is the name of the primary organizational department, service, laboratory, or equivalent level within the organization for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Department for the project director identified on the face page of the SF-424 R&R.
Organization Name	This is the name of the organizational for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Organization Name for the project director identified on the face page of the SF-424 R&R.
Division	This is the primary organizational division, office, or major subdivision of the individual. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Division for the project director identified on the face page of the SF-424 R&R.
Street1	This is the first line of the street address for the individual identified as a key/senior person. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the Street address for the project director identified on the face page of the SF-424 R&R.
Street 2	This is the second line of the street address (if applicable) for the individual identified. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated with the second line of the Street address (if applicable) for the project director identified on the face page of the SF-424 R&R
City	Enter the city where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated.
County	Enter the County where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated.
State	Enter the state where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated
ZIP Code	Enter the Zip Code where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated
Phone Number	Enter the daytime phone number for the senior/key person. If this is the entry for the Project Director and you are submitting electronically this filed will be prepopulated
Fax Number	Enter the fax number for the senior/key person. If this is the entry for the Project Director and you are submitting electronically this filed will be prepopulated
Email address	Enter the email address for the senior/key person. If this is the entry for the Project Director and you are submitting electronically this filed will be prepopulated- This is a required field
Credential e.g. agency login	Leave this field blank
Project Role	Enter the project role from the list below

	1. Project Director (PD)/Principle Investigator(PI) 2. Co- PD/Co- PI 3.Faculty 4. Post Doctoral 5. Post Doctoral Associate 6. Other Professional 7. Graduate Student 8. Undergraduate Student 9. Technician 10. Consultant 11. Other (Specify)
Other Project Role Category	Complete if you selected "Other" as a project role. For example, Engineer, social worker.
Attach Biographical Sketch	Provide a biographical sketch for the PD/PI or Senior Key Person identified. For each of these individuals a Bio-sketch should be attached which lists the individual's credentials/degrees. Recommended information includes: education and training, research and professional and synergistic activities. Save the information in a single file and attach by clicking Add attachment –if applying electronically.
Attach Current & Pending Support	Follow the individual program FOA pertaining to this issue. If current and pending support on level of effort documentation is required, please attach accordingly.

INSTRUCTIONS FOR R&R PROJECT PERFORMANCE SITE LOCATION(S) FORM

Indicate the primary site/sites where the work or activity will occur. If a portion of the project is at any other location(s), identify it in the section provided. If more than eight project/performance site locations are proposed, provide the information in a separate file and attach these in a file in the space provided at the bottom of the form. If applying in paper add this information as part of the appendix.

Enter the Primary Performance Site first. Add all other performance sites in the space provided.

Field name	Instructions
Organization Name	Enter the Name of the Performance Site/Organization
Street 1	Enter the first line of the street address of the performance site location
Street 2	Enter the second line of the street address of the performance site location, if applicable
City	Enter the city of the performance site
County	Enter the county where the performance site is located
State	Select from the list of States or enter the State/province in which the performance site is located
Zip Code	Enter the zip code of the performance sit location
Country	Enter the country of the performance site from the list

INSTRUCTIONS FOR R&R FEDERAL + NON-FEDERAL BUDGET

Section A & B

SECTION A

Field Name	Instructions
Organizational DUNS	Enter the DUNS or DUNS +4 number of your organization. For applicants applying electronically, this field is pre-populated from the R&R SF424 Cover Page.
Budget Type	Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/consortium organizations (if applicable). Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form.
Enter Name of Organization	Enter the name of your organization

Start Date	Enter the requested Start Date of Budget Period
End Date	Enter the requested End Date of the Budget Period (these should cover 1 full year/12 months)
Budget Period	Identify the specific budget period (1 for first year of the grant, 2 for second year of the grant, 3 for third etc.)
A. Senior/Key Person	Enter the **Prefix**, F**irst/(Given) name**, **Middle name** (if applicable), **Last Name** and **Suffix** of the senior/key person
Project Role	Enter the project role of the Senior/Key person
Base Salary ($)	Enter the annual compensation paid by the employer for each Senior/Key person. This includes all activities such as research, teaching, patient care. etc.
Cal. Months	Enter the number of Calendar months devoted to the project in the applicable box for each project role category
Acad. Months	Enter the number of academic year months devoted to the project in the applicable box for each project role category (If your institution does not use a 9 month academic period, indicate your institution's definition of academic year in the budget justification)
Sum. Months	Enter the number of summer months devoted to the project in the applicable box for each project role category (If your institution does not use a 3 month summer period, indicate your institution's definition of summer period in the budget justification)
Requested Salary ($)	Regardless of the number of months being devoted to the project, indicate only the funds being requested to cover the amount of salary/wages for each senior/key person for this budget period
Fringe Benefits ($)	Enter applicable fringe benefits, if any, for each senior/key person
Total (Fed+Non-Fed) ($)	Enter total funds (federal AND non-federal) requested for salary and fringe benefits for each senior/key person for this budget period for this project
Federal ($)	Enter federal funds requested for salary/wages & fringe benefits for each senior/key person for this budget period for this project
Non-Federal ($)	Enter non-federal funds requested for salary/wages & fringe benefits for each senior/key person for this budget period for this project
Line 9. Total Funds Requested for all Senior Key Persons in the attached Files	Enter the total federal funds requested for all senior/key persons listed in the attached file (these requested funds would be for key persons over and above those listed in the preceding rows/fields of section A). If applicants are applying in hardcopy please attach a table listing the key personnel over and above the 8 persons listed on the budget page using the same format appearing in the budget table and enter the total funds requested for these additional by people in row 9.
Additional Senior Key Persons (attach file)	If applying electronically attach a file here detailing the funds requested for key personnel over and above the 8 senior/key persons already listed in this section; include all pertinent budget information. The total funds requested in this file should be entered in "**the total funds requested for all additional senior/key persons in line 9 of Section A**." If applying in hardcopy please be certain to provide detailed information on the key personnel as well as funds requested in the same format appearing in the budget table. Be certain to include the total funds for these additional key persons in **the total funds requested for all additional senior/key persons in line 9 of Section A.**

SECTION B. Other Personnel

Field Name	Instructions
Number of Personnel	For each project role/category identify the number of personnel proposed.
Project Role	If project role is other than Post-Doctoral Associates, Graduate Students, Undergraduate students, or Secretarial/Clerical, enter the appropriate project role (for example, Engineer, Statistician, IT Professional etc.) in the blanks.
Cal. Months	Enter the number of Calendar months devoted to the project in the applicable box for each project role category/stipend category
Acad. Months	Enter the number of academic year months devoted to the project in the applicable box for each project role category (If your institute does not use a 9 month academic

	period , indicate your institution's definition of academic year in the budget justification)
Sum. Months	Enter the number of summer months devoted to the project in the applicable box for each project role category (If your institute does not use a 3 month summer period, indicate your institution's definition of summer period in the budget justification)
Requested Salary ($)	Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages/stipend amount being requested for each project role
Fringe Benefits ($)	Enter applicable fringe benefits, if any, for each project role category
Total (Fed+Non-Fed) ($)	Enter total funds (federal AND non-federal) requested for salary and fringe benefits for each project role category
Federal ($)	Enter federal funds requested for salary/wages & fringe benefits for each project role category
Non-Federal ($)	Enter non-federal funds requested for salary/wages & fringe benefits for each project role category
Total Number Other Personnel	Enter the total number of other personnel and related funds requested for this project
Total Salary, Wages and Fringe Benefits (A &B)	Enter the total funds requested for all senior key persons, stipends and all other personnel- If applying electronically this will be computed based on detailed information provided. If applying through hard copy please enter this number, ensuring that the total is equal to the detailed information provided

RESEARCH AND RELATED BUDGET

Section C, D & E

SECTION C: Equipment Description

Field Name	Instructions
Organizational DUNS	Enter the DUNS or DUNS +4 number of your organization. For Project applicants and those applying electronically, this field is pre-populated from the R&R SF424 Cover Page.
Budget Type	Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/consortium organizations (if applicable). Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form).
Enter Name of Organization	Enter the name of your organization
Start Date	Enter the requested Start Date of Budget Period
End Date	Enter the requested/proposed End Date of the Budget Period (these should cover 1 full year/12 months)
Budget Period	Identify the specific budget period (1 for first year of the grant, 2 for second year of the grant, 3 for third etc.)
Equipment Item	Equipment is identified as an item of property that has an acquisition cost of $5,000 or more (unless the organization has established lower levels) and an expected service life of more than 1 year. List each item of equipment separately and justify each in the budget justification section. Ordinarily allowable items are limited to those which will be used primarily or exclusively in the actual conduct or performance of grant activities.
Federal ($)	Enter the estimated FEDERAL cost of each item of equipment, including shipping and any maintenance costs and agreements.
Non-Federal ($)	Enter the estimated NON-FEDERAL cost of each item of equipment, including shipping and any maintenance costs and agreements.
Total (FED + Non-FED) ($)	Enter the estimated TOTAL (FEDERAL + NON-FEDERAL) cost of each item of equipment, including shipping and any maintenance costs and agreements.
Total Funds	Enter the estimated cost of all equipment listed in any attached documents/files.

Requested for all equipment listed in the attached files	
Additional Equipment	If the space provided cannot accommodate all the equipment proposed, attach a file or document delineating the equipment proposed. If applying in hardcopy please provide this information on a separate/attached sheet. List the total funds requested on line 11 of this section.

SECTION D. Travel

Field Name	Instructions
Domestic Travel Costs (Incl. Canada, Mexico, and US Possessions)	Enter the total funds requested for domestic travel. Domestic travel includes Canada, Mexico and US possessions. In the budget justifications section, include the purpose, destinations, dates of travel (if known), and number of individuals for each trip. If the dates of travel are known, specify estimated length of trip (for example, 3 days). Separate funds into three columns: Federal, non-federal, and Total.
Foreign Travel Costs	Enter the total funds to be used for foreign travel. Foreign travel includes any travel outside of the United States, Canada, Mexico and or the U.S. Possessions. In the budget justification section, include the purpose, destination, travel dates (if known), and number of individuals for each trip. If the dates of travel are not known , specify estimated length of trip (ex. 3 days). Separate funds into three columns: Federal, non-federal, and Total.
Total Travel Costs	The total funds requested for all travel related to this project– this should equal the total of all domestic and foreign and may be computed if applying electronically. If applying in hardcopy please enter this amount. Separate funds into three columns: Federal, non-federal, and Total.

SECTION E: Participant/Trainee Support Costs

Field Name	Instructions
Tuition/Fees/Health Insurance	Enter the total amount of funds requested for participant/trainee tuition, fees, and /or health insurance. (if applicable). Separate funds into three columns: Federal, non-federal, and Total.
Stipends	Enter the total amount of funds requested for participant/trainee stipends. Separate funds into three columns: Federal, non-federal, and Total.
Travel	Enter the total funds requested for participant/trainee travel associated with this project (if applicable). Separate funds into three columns: Federal, non-federal, and Total.
Subsistence	Enter the total funds requested for participant/trainee subsistence (if applicable). Separate funds into three columns: Federal, non-federal, and Total.
Other	Describe and enter the total funds requested for any other participant/trainee costs/institutional allowances, scholarships etc. Please identify these in the space provided. Separate funds into three columns: Federal, non-federal, and Total.
Number of Participants	Enter the total number of proposed participants/trainees (those receiving stipends, scholarships, etc.)
Trainee Costs	Enter the total costs associated with the above categories (i.e. participants/trainees- items 1-5). If applying electronically this total will be calculated for you. Separate funds into three columns: Federal, non-federal, and Total.

RESEARCH AND RELATED BUDGET - SECTION F-K Budget Period

Field Name	Instructions
Organizational DUNS	Enter the DUNS or DUNS +4 number of your organization. For Project applicants and those applying electronically, this field is pre-populated from the R&R SF424 Cover Page.

Budget Type	Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/consortium organizations (if applicable). Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form.
Enter Name of Organization	Enter the name of your organization
Start Date	Enter the requested Start Date of the Budget Period
End Date	Enter the requested/proposed End Date of the Budget Period (these should cover 1 full year/12 months)
Budget Period	Identify the specific budget period (1 for first year of the grant, 2 for second year of the grant, 3 for third etc.)

SECTION F. Other Direct Cost

Field Name	Instructions
1. Materials and Supplies	Enter the total funds requested for materials and supplies. In the budget justification attachment please itemize all categories for which costs exceed $1,000. Categories less than $1,000 do not have to be itemized. Separate funds into three columns: Federal, non-federal, and Total.
2. Publication Costs	Enter the total publication funds requested. The budget may request funds for the cost of documenting, preparing, publishing or otherwise disseminating the findings of this project to others. In the budget justification include supporting information. Separate funds into three columns: Federal, non-federal, and Total.
3. Consultant Services	Enter the total funds requested for consultant services. In the budget justification identify each consultant, the services to be performed, travel related to this project and the total estimated costs. Separate funds into three columns: Federal, non-federal, and Total.
4. ADP/Computer Services	Enter total funds requested for ADP/computer services. In the budget justification include the established computer service rates at the proposed organization (if applicable) Separate funds into three columns: Federal, non-federal, and Total.
5. Subawards/Consortia/ Contractual Costs	Enter total funds requested for subaward, consortium and/or contractual costs proposed for this project. Separate funds into three columns: Federal, non-federal, and Total.
6. Equipment/Facility Rental/ User Fees	Enter total funds requested for equipment or facility rental or users fees. In the budget justification please identify and justify these fees. Separate funds into three columns: Federal, non-federal, and Total.
7. Alterations and Renovations (not applicable to training program grants)	Enter the total funds requested for alterations and renovations. In the budget justification itemize by category and justify the costs including repairs, painting, removal or installation of partitions. Where applicable provide square footage and costs. Separate funds into three columns: Federal, non-federal, and Total.
Items 8-10	In items 8-10 please describe any "other" direct costs not requested above. Use the Budget Justification attachment to further itemize and justify these costs. If line space is inadequate please use line 10 to combine all remaining "other direct costs" and include details of these costs in the budget justification. Separate funds into three columns: Federal, non-federal, and Total.
Total Other Costs	The total funds requested for all Other Direct Costs. Separate funds into three columns: Federal, non-federal, and Total.

SECTION G: Direct Costs

If applying electronically, this item will be computed as the sum of sections A-F. If applying in paper please

enter the sum of sections A-F in these fields.

SECTION H: Indirect Costs

Field Name	Instructions
Indirect Cost Type	Indicate the type of indirect cost. Also indicate if this is off-site. If more than one rate/base is involved, use separate lines for each. If you do not have a current indirect cost rate (s) approved by a Federal Agency indicate "None—will negotiate" and include information for proposed rate. Use the budget justification if additional space is needed.
Indirect Cost Rate (%)	Indicate the most recent indirect cost rate(s), also known as Facilities and Administrative Costs {F&A} established with a cognizant Federal office or, in the case of for–profit organizations, the rate(s) established with the appropriate agency. If you do not have a cognizant oversight agency and are selected for an award, you must submit your requested indirect cost rate documentation to the awarding department. For HHS this would be the Division of Cost Allocation in DHHS.
Indirect Cost Base ($)	Enter amount of the base for each indirect cost type.
Funds Requested	Enter the total funds requested for each indirect cost type.
Cognizant Federal Agency	Enter the name of the cognizant Federal Agency, name and telephone number of the individual responsible for negotiating your rate. If no cognizant agency is known, enter None.

SECTION I: Total Direct and Indirect Institutional Costs (Section G+ Section H)
Enter the total funds requested for direct and indirect costs. If applying electronically this field will be calculated for you. Separate funds into three columns: Federal, non-federal, and Total.

SECTION J: Fee
Generally, a fee is not allowed on a grant or cooperative agreement. Do not include a fee in your budget, unless the program announcement specifically allows the inclusion of a fee. If a fee is allowable, enter the fee requested in this field.

SECTION K: Budget Justification
Detailed instructions for information to include in this section will be provided in the program application guidance. Use the budget justification to provide the additional information in each budget category and any other information necessary to support your budget request. Please use this attachment/section to provide the information requested/required in the program guidance. Please refer to the FOA to determine the need for and placement of (ex. in Appendix section) any other required budget tables stipulated in the guidance.

RESEARCH AND RELATED BUDGET (TOTAL FED + NON-FED) –CUMULATIVE BUDGET

If applying electronically, all of the values on this form will be calculated based on the amounts that were entered previously under sections A through K for each of the individual budget periods. Therefore, if this application is being submitted electronically no data entry is allowed or required in order to complete this Cumulative Budget section.

If any amounts displayed on this form appear to be incorrect you may correct the value by adjusting one or more of the values that contributed to the total from the previous sections. To make such an adjustment you will need to revisit the appropriate budget period form(s) to enter corrected values.

If applying in paper form please ensure that entries in the cumulative budget are consistent with those entered in Sections A-K.

Field Name	Instructions
Section A: Senior/Key Person	The cumulative total funds requested for all Senior/Key personnel, separated into three columns: Federal, non-federal, and Total.
Section B: Other Personnel	The cumulative total funds requested for all other personnel, separated into three columns: Federal, non-federal, and Total.

Total Number Other Personnel	The cumulative total number of other personnel..
Total Salary, Wages, and Fringe Benefits (Section A + Section B)	The cumulative total funds requested for all Senior/Key personnel and all other personnel, separated into three columns: Federal, non-federal, and Total.
Section C: Equipment	The cumulative total funds requested for all equipment, separated into three columns: Federal, non-federal, and Total.
Section D: Travel	The cumulative total funds requested for all travel, separated into three columns: Federal, non-federal, and Total.
1. Domestic	The cumulative total funds requested for all domestic travel, separated into three columns: Federal, non-federal, and Total.
2. Foreign	The cumulative total funds requested for all foreign travel, separated into three columns: Federal, non-federal, and Total.
Section E: Participant/Trainee Support Costs	The cumulative total funds requested for all participant/trainee costs, separated into three columns: Federal, non-federal, and Total.
1. Tuition/Fees/Health Insurance	The cumulative total funds requested for all tuition/fees/health insurance costs, separated into three columns: Federal, non-federal, and Total.
2. Stipends	Enter the cumulative total funds requested for participants/trainee stipends, separated into three columns: Federal, non-federal, and Total.
3. Travel	The cumulative total funds requested for Trainee /Participant travel, separated into three columns: Federal, non-federal, and Total.
4. Subsistence	The cumulative total funds requested for Trainee/Participant subsistence, separated into three columns: Federal, non-federal, and Total.
5. Other	The cumulative total funds requested for any Other participant trainee costs including scholarships, separated into three columns: Federal, non-federal, and Total.
6. Number of participants/trainees	The cumulative total number of proposed participants/trainees.
Section F: Other Direct Costs	The cumulative total funds requested for all other direct costs, separated into three columns: Federal, non-federal, and Total.
1. Materials and Supplies	The cumulative total funds requested for Materials and Supplies, separated into three columns: Federal, non-federal, and Total.
2. Publication Costs	The cumulative total funds requested for Publications, separated into three columns: Federal, non-federal, and Total.
3. Consultant Services	The cumulative total funds requested for Consultant Services, separated into three columns: Federal, non-federal, and Total.
4. ADP/Computer Services	The cumulative total funds requested for ADP/Computer Services, separated into three columns: Federal, non-federal, and Total.
5. Subawards/ Consortium/ Contractual Costs	The cumulative total funds requested for 1) all subaward/ consortium organization(s) proposed for the project, and 2) any other contractual costs proposed for the project, separated into three columns: Federal, non-federal, and Total.
6. Equipment or Facility Rental/User Fees	The cumulative total funds requested for Equipment or Facility Rental/ User Fees, separated into three columns: Federal, non-federal, and Total.
7. Alterations and Renovations	The cumulative total funds requested for Alterations and Renovations, separated into three columns: Federal, non-federal, and Total.
8. Other 1	The cumulative total funds requested in line 8 or the first Other Direct Costs category, separated into three columns: Federal, non-federal, and Total.
9. Other 2	The cumulative total funds requested in line 9or the second Other Direct Costs category, separated into three columns: Federal, non-federal, and Total.
10. Other 3	The cumulative total funds requested in line 10 or the third Other Direct Costs category, separated into three columns: Federal, non-federal, and Total.
Section G: Direct Costs A-F	The cumulative total funds requested for all direct costs, separated into three columns: Federal, non-federal, and Total.
Section H: Indirect Costs	The cumulative total funds requested for all indirect costs, separated into three columns: Federal, non-federal, and Total.

Section I : Total Direct and Indirect Costs	The cumulative total funds requested for direct and indirect costs, separated into three columns: Federal, non-federal, and Total.
Section J: Fee	The cumulative Federal funds requested for Fees (if applicable).

INSTRUCTIONS FOR R&R FEDERAL + NON-FEDERAL SUBAWARD BUDGET ATTACHMENT(s) FORM

Subawards are not allowed by HRSA unless legislatively authorized or requested in the Program Application Guidance. Please click on the subaward budget attachment to obtain the required budget forms. Attach all budget information by attaching the files in line items 1-10. Please do not attach any files to the subaward documents as they will not be transferred to HRSA. All justification for expenditures should be added to the budget justification for the project in section K of the project budget.

SF-424 R&R ASSURANCES

Read the SF-424 R&R Assurances in the program guidance. Electronic submission of the application indicates acceptance of these Assurances listed.

SF-424 R&R OTHER PROJECT INFORMATION COMPONENT

If this is an application for a Training Grant Please Respond to Items 1 and Items 6-11.

Field Name	Instructions
1. Are Human Subjects Involved	If activities involving human subjects are planned at any time during proposed project check YES. Check this box even if the proposed project is exempt from Regulations for the protection of Human Subjects. Check NO if this is a training grant or if no activities involving human subjects are planned and skip to step 2.
1.a If YES to Human Subjects Involved	Skip this section if the answer to the previous question was NO. If the answer was YES, indicate if the IRB review is pending. If IRB has been approved enter the approval date. If exempt from IRB approval enter the exemption numbers corresponding to one or more of the exemption categories. See: http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htmfor a list of the six categories of research that qualify for exemption from coverage by the regulations are defined in the Common Rule for the Protection of Human Subjects. For Human Subject Assurance Number enter the IRB approval number OR the approved Federal Wide Assurance (FWA), multiple project assurance (MPA), Single Project Assurance (SPA) Number or Cooperative Project Assurance Number that the applicant has on file with the Office of Human Research Protections, if available.
2. Are Vertebrae Animals Used	If activities using vertebrae animals are planned at any time during the proposed project at any performance site check the YES box; otherwise check NO and proceed to step 3.
2 a. If YES to Vertebrae animals	Indicate if the IACUC review is pending by checking YES in this field otherwise check NO. Enter the IACUC approval Date in the approval date field leave blank if approval is pending. For Animal Welfare Assurance Number, enter the Federally approved assurance number if available.
3. Is Proprietary /Privileged Information Included in the Application	Patentable ideas, trade secrets, privileged or confidential commercial or financial information, disclosure of which may harm the applicant, should be included in the application only when such information is necessary to convey an understanding of the proposed project. If the application includes such information, check the YES box and clearly mark each line or paragraph of the pages containing proprietary/privileged information with a legend similar to: "the following contains proprietary /privileged information that (name of applicant) requests not be released to persons outside the Government, except for purposes of review and evaluation.

4a. Does this project have an actual or potential impact on the environment?	If your project will have an actual or potential impact on the environment check the YES box and explain in the box provided in **4b.** Otherwise check NO and proceed to question 5a.
4.b. If yes, please explain	If you checked the YES box indicating an actual or potential impact on the environment, enter the explanation or the actual or potential impact on the environment here.
4c. If this project has an actual or potential impact on the environment has an exemption been authorized or an Environmental Assessment (EA) or an Environmental Impact Statement (EIS) been performed?	If an exemption has been authorized or an EA or EIS has been performed check the YES box in 4d. Otherwise check the NO box.
4d. If yes please explain	If you checked the YES box indicating an exemption has been authorized or an EA or EIS has been performed, enter the explanation.
5a. Does the project involve activities outside of the U.S. or partnership with international collaborators?	If your project involves activities outside of the U.S. or partnerships with international collaborators check the YES box and list the countries in the box provided in 5b and an optional explanation in box 5c. Otherwise check NO and proceed to item 6.
5b. If yes Identify Countries	If the answer to 5a is YES – identify the countries with which international cooperative activities are involved.
5c. Optional explanation	Use this box to provide any supplemental information, if necessary. If necessary you can provide the information as an attachment by clicking "Add Attachment" to the right of Item 11 below.
6. Project Summary/ Abstract	Please refer to the FOA for instructions regarding the information to include in the project summary/abstract. The project summary must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of the objectives and methods employed. The summary must NOT include any proprietary/confidential information. If applying electronically attach the summary/abstract by clicking on "Add Attachment" and browse to where you saved the file on your computer and attach.
7. Project Narrative	Provide the project narrative in accordance with the program guidance/announcement and/or agency/program specific instructions. If you are applying electronically, to attach project narrative click "Add Attachment," browse to where you saved the file, select the file, and click to attach. .
8. Bibliography and References Cited	Provide a bibliography of any references cited in the Project Narrative. Each reference must include the names of all authors (in the sequence in which they appear in the publication), the article and journal title, book title, volume number, page numbers and year of publication. Include only bibliographic citations. Be especially careful to follow scholarly practices in providing citations for source materials relied upon when preparing any section of this application. If applying electronically – attach the bibliography by clicking "Add Attachment" on line 8.
9. Facilities and Other Resources	This information is used to assess the capability of the organizational resources available to perform the effort proposed. Identify the facilities to be used (Laboratory, Animal, Computer, Office, Clinical and Other). If appropriate, indicate their pertinent capabilities, relative proximity and extent of availability to the project (e.g. machine shop, electronic shop), and the extent to which they

| | would be available to the project.

To attach a Facilities and Other Resources file, click Add Attachment, browse to where you saved the file, select the file and then click open. |
|---|---|
| 10. Equipment | List major items of equipment already available for this project and if appropriate identify location pertinent capabilities. To attach an Equipment file click "Add Attachment" and select the file to be attached. |
| 11. Other Attachments | Attach a file to provide any program specific forms or requirements not provided elsewhere in the application in accordance with the agency or program specific guidance. Click "Add Attachment" and select the file for attachment from where you saved the file. |

ATTACHMENTS FORM

Use this form to add files/attachments required in the program FOA whose location has not been specified elsewhere in the application package. Use the first line item to attach the file with information on your organization's Business Official. Name this file BUSINESS OFFICIAL INFORMATION. Attach other files as required in the program guidance.